



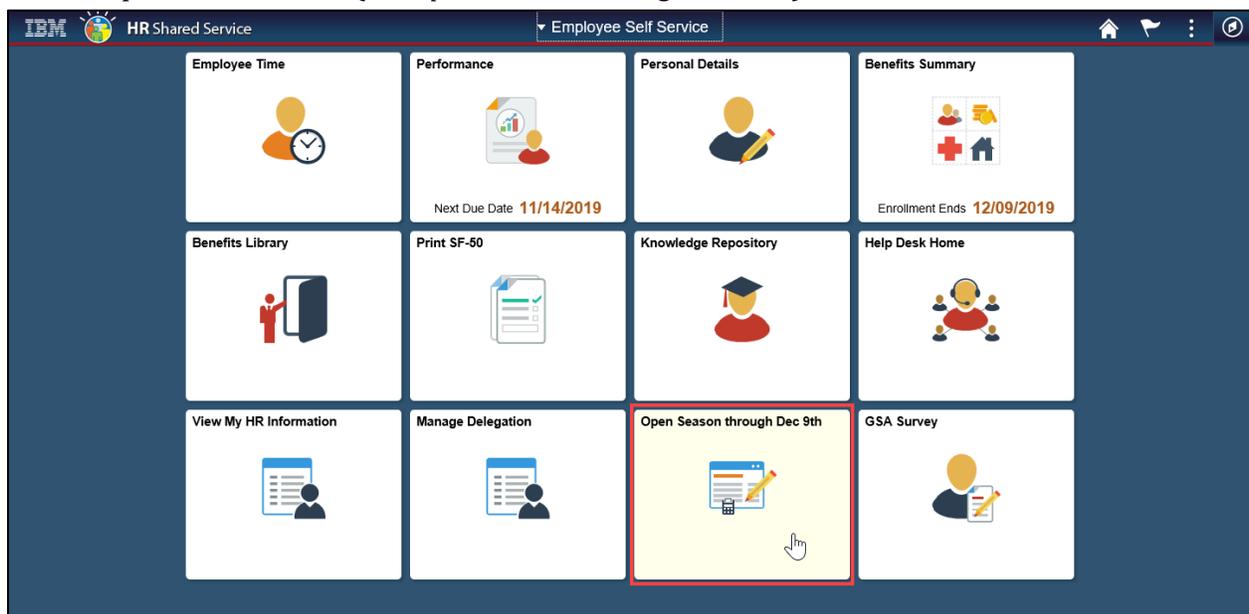
Enroll & Modify Existing Coverage: FEHB Open Season

Use this guide to complete the following tasks during the Federal Employees Health Benefits (FEHB) Open Season:

- [Enroll/Modify FEHB Coverage](#)
- [Add a Dependent](#)
- [Modify a Dependent](#)

Enroll/Modify FEHB Coverage

1. From the HR Links homepage, select the Open Season tile. The tile includes the date Open Season ends (ex: *Open Season through Dec 9th*).

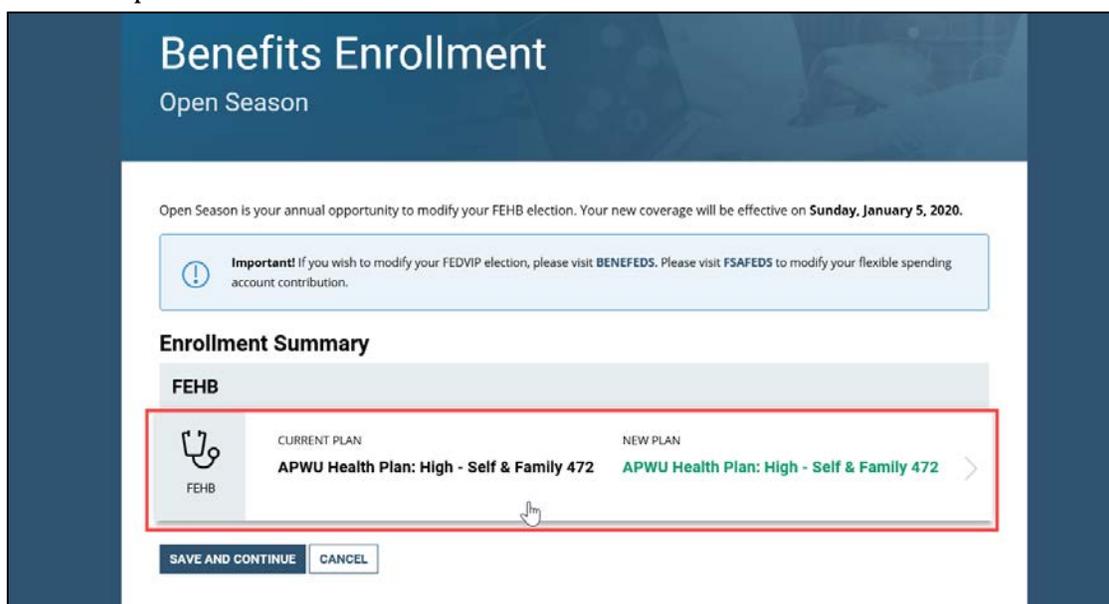


2. Read the instructions on the *Benefits Enrollment* page.
 - a. **Note:** If you see another event listed, such as *New Hire* or *Family Status Change*, contact your [Benefits Specialist](#) before continuing.
 - b. **Note:** If you do **not want to make changes** to your benefits enrollment (i.e., you are not changing your enrollment code or making changes to your covered dependents), **no further action is required on your part**. You can exit the system.

- After reading the instructions, select the **Open Season** enrollment box to begin enrolling for or modifying your current benefits.



- The **Enrollment Summary** displays your existing coverage under the *Current Plan* heading. If you not make changes to your benefits, your existing coverage will remain in place. Your existing coverage defaults as your new plan and will be listed under the *New Plan* heading.
 - Note:** Select **Cancel** if you are maintaining your existing coverage and do not want to modify your covered dependents.
- Select the **FEHB** tile to search for a new plan, enroll dependents, waive coverage or switch premium conversion.





6. Use the [OPM Plan Comparison tool](#) to compare plans in the *About FEHB* section.

Benefits Enrollment
FEHB

About FEHB

The FEHB Program can help you and your family meet your health care needs. Federal employees, retirees and their survivors enjoy the widest selection of health plans in the country.

The FEHB plan brochures show you what services and supplies are covered and the level of coverage. Review the brochures carefully. The brochures are formatted to ensure they are all organized alike. You can get brochures from each healthcare provider's website. When it comes to your health care, the best surprise is no surprise.

Visit the **OPM Plan Comparison tool** to compare plans.

Important! Your current coverage is: APWU Health Plan with High - Self & Family 472 coverage. You will continue with this coverage if you do not make a choice.

Edit your Coverage

[SEARCH FOR PLAN](#) [VIEW ALL PLANS](#) [WAIVE/CANCEL COVERAGE](#)

7. In the *Edit Your Coverage* section, you can choose to **Search for Plan** (default), **View All Plans**, **Waive/Cancel Coverage** or **Switch Premium Coverage**.

a. If you choose **Search for Plan**:

- i. Type the **enrollment code** or **keyword** in the search field provided.
- ii. Enter at **least two** alphabetical characters when searching by keyword.
- iii. As you type the plan name or code, select the preferred option from the drop-down list that appears.

Edit your Coverage

[SEARCH FOR PLAN](#) [VIEW ALL PLANS](#) [WAIVE/CANCEL COVERAGE](#)

Blue

131 BCBS Service Benefit Plan FEP Blue Focus Blue Focus - Self Only 131

132 BCBS Service Benefit Plan FEP Blue Focus Blue Focus - Self & Family 132

133 BCBS Service Benefit Plan FEP Blue Focus Blue Focus - Self Plus One 133

CDHP - Self Plus One 476

[SWITCH PREMIUM CONVERSION](#)



iv. Select the **radio button** by the plan you wish to enroll.

Edit your Coverage

SEARCH FOR PLAN VIEW ALL PLANS WAIVE/CANCEL COVERAGE

BCBS Service Benefit Plan FEP Blue Focus

Blue Focus - Self Only 131

Blue Focus - Self & Family 132

Blue Focus - Self Plus One 133

SWITCH PREMIUM CONVERSION

b. If you choose **View All Plans**:

- i. View a list of FEHB plans available to you. You can choose from nationwide plans or those in your state (home or work location).
- ii. Select the plus icon or the row to view the coverage options and enrollment codes available for a specific benefit plan.

Edit your Coverage

SEARCH FOR PLAN VIEW ALL PLANS WAIVE/CANCEL COVERAGE

+ + BCBS Service Benefit Plan Standard

+ + BCBS Service Benefit Plan Basic

+ + BCBS Service Benefit Plan FEP Blue Focus

+ + Aetna HealthFund HDHP and Aetna Direct Plan

+ + GEHA

+ + NALC

+ + GEHA

+ + Rural Carrier Benefit Plan

iii. Click the option you wish to select.

Edit your Coverage

SEARCH FOR PLAN VIEW ALL PLANS WAIVE/CANCEL COVERAGE

× × BCBS Service Benefit Plan Standard

Self Only 104

Self & Family 105

Self Plus One 106

+ + BCBS Service Benefit Plan Basic



- c. If you choose **Waive/Cancel Coverage**:
 - i. Select the **Waive/Cancel Coverage** button to waive or cancel coverage entirely. Check out the *Waive/Cancel Coverage job aid* for details on completing that process.

Edit your Coverage

SEARCH FOR PLAN VIEW ALL PLANS **WAIVE/CANCEL COVERAGE**

Enter your plan name or id to begin searching...

- d. If you choose **Switch Premium Conversion**:
 - i. Select the **Switch Premium Conversion** button to switch your premium conversion.

Edit your Coverage

SEARCH FOR PLAN VIEW ALL PLANS WAIVE/CANCEL COVERAGE

Enter your plan name or id to begin searching...

Compass Rose Health Plan

- High - Self Only 421
- High - Self & Family 422
- High - Self Plus One 423

SWITCH PREMIUM CONVERSION

- ii. For more information on this option, contact [your Benefits and Retirement Specialist](#).

- 8. Scroll down to the **Enroll Your Dependents** section.
 - a. Review the dependents listed under the Enroll Your Dependents section. Use the **Add/Review Dependents** button to add or modify a dependent to your coverage. Visit the [Add a Dependent](#) or [Modify a Dependent](#) section of this guide to learn more about these processes.

Enroll Your Dependents

Below is the list of your dependents in HR Links. Use the **Add/Review Dependents** button to add new dependents or to edit information about an existing dependent.

You may enroll any of your dependents for coverage under this plan by toggling the button next to their name.

ADD/REVIEW DEPENDENTS

! No dependents available

UPDATE AND CONTINUE BACK



9. Enroll your dependents by **toggleing the button for each name** to the **Enroll** position. A **checkmark** will appear to indicate the dependent is enrolled.

Enroll Your Dependents

Below is the list of your dependents in HR Links. Use the **Add/Review Dependents** button to add new dependents or to edit information about an existing dependent.

 **The dependents listed below are not automatically enrolled!** You must toggle the button next to their name to the On position to enroll them in coverage.

[ADD/REVIEW DEPENDENTS](#)

Jane Smith Child	ENROLL <input checked="" type="checkbox"/>
John Smith Spouse	ENROLL <input checked="" type="checkbox"/>
John Smith Jr Child	ENROLL <input type="checkbox"/>

SAVE AND CONTINUE **CANCEL**

10. Once you have completed enrollment, select the **Save and Continue** button.

Enroll Your Dependents

Below is the list of your dependents in HR Links. Use the **Add/Review Dependents** button to add new dependents or to edit information about an existing dependent.

 **The dependents listed below are not automatically enrolled!** You must toggle the button next to their name to the On position to enroll them in coverage.

[ADD/REVIEW DEPENDENTS](#)

Jane Smith Child	ENROLL <input checked="" type="checkbox"/>
John Smith Spouse	ENROLL <input checked="" type="checkbox"/>
John Smith Jr Child	ENROLL <input checked="" type="checkbox"/>

SAVE AND CONTINUE **CANCEL**



11. The next page will display **Your Choice** for coverage as well as **Your Covered Dependents**. Review this information for accuracy.
12. The **OPM Event Code** field will default to the Open Season code (ex: 1B, 5B). Do not edit this field.
13. If the information is correct, select the **Continue** button. Select the **Back** button to modify your selection.

Your Choice

You have chosen Compass Rose Health Plan. You selected High - Self & Family 422 coverage.

Your Covered Dependents

DEPENDENT	RELATIONSHIP
Jane Smith	Child
John Smith	Spouse
John Smith Jr	Child

Select OPM Event Code

OPM EVENT CODE

Notes

Your Open Season election will be effective January 5, 2020. Deductions for this choice will begin the **January 5, 2020** pay period.

Please review your [Earnings and Leave Statement](#) on January 24, 2020 to validate your deduction is correct.

14. You will return to the *Benefits Enrollment* page. Select the **Save and Continue** button to complete your enrollment.

Open Season is your annual opportunity to modify your FEHB election. Your new coverage will be effective on **Sunday, January 5, 2020**.

Important! If you wish to modify your FEDVIP election, please visit **BENEFEDS**. Please visit **FSAFEDS** to modify your flexible spending account contribution.

Enrollment Summary

FEHB

 FEHB	CURRENT PLAN APWU Health Plan: High - Self & Family 472	NEW PLAN Compass Rose Health Plan: High - Self & Family 422	>
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15. Review your information on the **Submit Your Elections** page.
 - a. To preview forms, choose the **Preview Standard Forms** button.
 - b. If your marital status is incorrect, select the **Correct Marital Status** button to change it. HR Links will open a new browser tab, where you will be able to update your marital status. Your change to marital status will be immediately updated on your SF-2809 form. Preview your SF-2809 form again to confirm the change in marital status before finalizing your benefits enrollment.

Benefits Enrollment
Submit Benefit Choices

Submit Your Elections

You have almost completed your enrollment. You must click the Submit button on this page to finalize your benefit choices.

You may save your choices on each page and return to the Enrollment Summary page as many times as you need. You may modify your elections until Open Season ends on Monday, December 09, 2019.

Preview Standard Forms

If your marital status is incorrect when you preview your SF-2809, please use the Correct Marital Status button to update it. Your marital status data is solely used to populate the SF-2809 as previewed here.

[+ PREVIEW STANDARD FORMS](#) [CORRECT MARITAL STATUS](#)

16. Select the **Submit** button to finalize your election.

Submit Your Elections

You have almost completed your enrollment. You must click the Submit button on this page to finalize your benefit choices.

Print Standard Forms For Your Records

If your marital status is incorrect when you preview your SF-2809, please use the Correct Marital Status button to update it. Your marital status data is solely used to populate the SF-2809 as previewed here.

[PRINT STANDARD FORMS](#) [CORRECT MARITAL STATUS](#)

Authorize Elections

I understand that this election will overwrite my current election on file of the same type.

WARNING: Be advised that any false statement in this transaction, or willful misrepresentation, is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, according to federal law. Additionally, this may result in disciplinary action up to and including removal from Federal employment.

By clicking the **Submit** button, I understand that my HR Links login information is my electronic signature in effecting this transaction.

[SUBMIT](#) [CANCEL](#)



17. A confirmation screen will appear. Select the **OK** button to return to the *Benefits Enrollment* page.

Benefits Enrollment

Submit Confirmation

Your benefit elections have been successfully submitted.

Fillable forms available to employees within HR Links (e.g., SF-2809, SF-2810, SF-2817; TSP-1 and TSP-1-C) include a Privacy Act Notice that describes the legal authority for collecting the information; the primary and permissive routine uses of the information; and the potential consequences of not providing the requested information.

To return to the Benefits Enrollment page, use the **OK** button.



18. You will receive an email confirmation of your benefit elections shortly. **You have successfully enrolled in or modified your FEHB coverage for Open Season.**

Self Service Benefit Enrollment Notification Inbox x Print Share

 donotreply_HRLINKSUAT@ibm.com 8:38 AM (1 minute ago) Star Reply More

to me ▾

The following Benefit enrollment has been submitted on 2019-11-04-09

Employee Id: ██████████

Event Description: Open Season

FEHB Enrollment

Plan Name	Coverage	Dependent Participants
FEHB: Pre Tax	Compass Rose Health Plan - High - Self & Family 422	Dependent 01: Child - Jane Smith Dependent 02: Spouse - John Smith Dependent 03: Child - John Smith Jr
FEHB: After Tax Waive		

Reply Forward



Add a Dependent

1. From the *Enroll Your Dependents* section of the enrollment process, select the **Add/Review Dependents** button.

Enroll Your Dependents

Below is the list of your dependents in HR Links. Use the **Add/Review Dependents** button to add new dependents or to edit information about an existing dependent.

 **The dependents listed below are not automatically enrolled!** You must toggle the button next to their name to the On position to enroll them in coverage.

ADD/REVIEW DEPENDENTS

Jane Smith Child	ENROLL <input checked="" type="checkbox"/>
John Smith Spouse	ENROLL <input checked="" type="checkbox"/>

SAVE AND CONTINUE **CANCEL**

2. On the *Dependent Information* page, select the **Add a Dependent** button.

Dependent Information

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent, select the Add a Dependent button.

 Jane Smith	BIRTHDATE: 01/15/2018	RELATIONSHIP: Child	>
 John Smith	BIRTHDATE: 05/14/1985	RELATIONSHIP: Spouse	>

ADD A DEPENDENT **RETURN TO EVENT SELECTION**



3. On the *Dependent Information* page, enter the following information:
 - a. **First Name (required)**
 - b. Middle Name
 - c. **Last Name (required)**
 - d. Name Prefix
 - e. Name Suffix
 - f. **Date of Birth (required)**
 - g. **Gender (required)**
 - h. Social Security Number
 - i. **Relationship to Employee (required)**
 - j. Disabled (use the button to indicate whether the dependent is disabled – the default is set to not disabled)

Dependent Information

Select Save once you have added your Dependent's personal information. This information will go into effect as of Jan 5, 2020.

John Smith

FIRST NAME*	<input type="text" value="John"/>	MIDDLE NAME	<input type="text"/>
LAST NAME*	<input type="text" value="Smith"/>	NAME PREFIX	<input type="text"/>
NAME SUFFIX	<input type="text" value="Jr"/>	DATE OF BIRTH*	<input type="text" value="10/01/2019"/>
GENDER*	<input type="text" value="Male"/>	SOCIAL SECURITY NUMBER	<input type="text"/>
RELATIONSHIP TO EMPLOYEE*	<input type="text" value="Child"/>	DISABLED	<input type="checkbox"/>



4. Use the toggle switches to indicate if the dependent shares the same address and phone number as the employee. If the dependent does not have the same address or phone number, enter the correct information in the space provided.
5. Select the **Save** button at the bottom of the screen.

The screenshot shows a form with two toggle switches at the top. The first, 'Same Address as Employee', is turned on and is highlighted with a red box. The second, 'Same Phone as Employee', is turned off. Below these are input fields for 'ADDRESS' (containing 'United States') and 'PHONE'. At the bottom, there are two buttons: 'SAVE' (highlighted with a red box and a mouse cursor) and 'CANCEL'.

6. The dependent will appear on the *Dependent Information* page. Select **Return to Event Selection** to continue enrolling in or modifying your benefits coverage.

The screenshot shows the 'Dependent Information' page. At the top, it says 'The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent, select the Add a Dependent button.' Below this is a table with three rows of dependent information:

Name	BIRTHDATE:	RELATIONSHIP:
Jane Smith	01/15/2018	Child
John Smith	05/14/1985	Spouse
John Smith	10/01/2019	Child

At the bottom of the page, there are two buttons: 'ADD A DEPENDENT' and 'RETURN TO EVENT SELECTION' (highlighted with a red box and a mouse cursor).

7. Go to **Step 10** of the [Enroll/Modify FEHB Coverage](#) process to complete the process to enroll in or modify your benefits.



Modify a Dependent

1. From the *Enroll Your Dependents* section of the enrollment process, select the **Add/Review Dependents** button.

Enroll Your Dependents

Below is the list of your dependents in HR Links. Use the **Add/Review Dependents** button to add new dependents or to edit information about an existing dependent.

The dependents listed below are not automatically enrolled! You must toggle the button next to their name to the On position to enroll them in coverage.

ADD/REVIEW DEPENDENTS

Jane S Smith Child	ENROLL <input checked="" type="checkbox"/>
John Smith Spouse	ENROLL <input checked="" type="checkbox"/>
John Smith Jr Child	ENROLL <input checked="" type="checkbox"/>

SAVE AND CONTINUE **CANCEL**

2. On the *Dependent Information* page, select the dependent's name for which you would like to modify information.

Dependent Information

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent, select the Add a Dependent button.

 Jane Smith	BIRTHDATE: 01/15/2018	RELATIONSHIP: Child	>
 John Smith	BIRTHDATE: 05/14/1985	RELATIONSHIP: Spouse	>
 John Smith	BIRTHDATE: 10/01/2019	RELATIONSHIP: Child	>

ADD A DEPENDENT **RETURN TO EVENT SELECTION**



3. Update applicable information on the *Dependent Information* screen, and select the **Save** button at the bottom of the page.

Dependent Information
Select Save once you have edited your Dependent's personal information. The changes will go into effect on Jan 5, 2020.

John Smith

FIRST NAME*
John

LAST NAME*
Smith

NAME SUFFIX

GENDER*
Male

RELATIONSHIP TO EMPLOYEE*
Spouse

SOCIAL SECURITY NUMBER

DISABLED

Calendar: June 1984. Selected date: 05/14/1985.

4. You will return to the *Dependent Information* page. Select **Return to Event Selection** to continue enrolling in or modifying your benefits coverage.

Dependent Information

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent, select the Add a Dependent button.

Jane Smith	BIRTHDATE: 01/15/2018	RELATIONSHIP: Child	>
John Smith	BIRTHDATE: 05/14/1985	RELATIONSHIP: Spouse	>
John Smith	BIRTHDATE: 10/01/2019	RELATIONSHIP: Child	>

ADD A DEPENDENT **RETURN TO EVENT SELECTION**

5. Go to **Step 10** of the [Enroll/Modify FEHB Coverage](#) process to complete the process to enroll in or modify your benefits.