Federal Benefits FastFacts
The Federal Employees Health Benefits (FEHB) Program

What is the FEHB program?
The FEHB provides comprehensive health insurance. You can choose from fee-for-service (FFS) plans, health maintenance organizations (HMOs), consumer-driven health plans (CDHPs) and high deductible health plans (HDHPs). Find more information on types of plans at the Office of Personnel Management’s (OPM) Healthcare Plan Information website.

Am I eligible?
Most federal employees are eligible to enroll; those who are not eligible usually have a time-limited appointment or work sporadically only during certain seasons, or when needed by their federal agency. If you think you may be eligible and your agency has not provided information about enrollment contact your Human Resources (HR) office.

When can I enroll?
New employees, employees who are newly eligible, and those who experience certain FEHB qualifying life events (QLE) such as marriage, divorce, birth, death, etc., may enroll within 60 days of becoming eligible, or of the QLE. You can find a summary of QLEs here. All other employees may enroll during the annual Federal Benefits Open Season (held from mid-November through mid-December).

How do I enroll?
Some agencies use the Health Benefits Election Form (SF 2809) while others use an online self-service system such as Employee Express, MyPay, Employee Personal Page, EBIS, etc. Contact your HR office for details.

How much do I pay?
What you pay is based on the plan and option you choose. Generally, premiums are shared by you and your federal agency. Premiums vary by plan but generally you pay about 30% and your agency pays about 70%.

You can find health insurance premiums on OPM’s Healthcare Plan Information website.

Can I pay my premiums pre-tax?
Paying premiums pre-tax (known as premium conversion) allows federal employees to use pre-tax dollars to pay premiums for the FEHB program. You will automatically be under premium conversion unless you elect to waive it. Federal retirees are not eligible to pay premiums with pre-tax dollars.

What enrollment restrictions will I have under premium conversion?
You will not be allowed to change your enrollment to Self Only or cancel outside of the Open Season unless experiencing an FEHB-specific QLE.

When can I change my enrollment?
During the annual Open Season or when you experience a QLE.

What are some important things I should know?
- There are no waiting periods and no pre-existing condition limitations, even if you
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change plans;

- Each plan contracts with doctors and hospitals (known as a provider network). Your doctor may participate in one or more provider networks;

- You will reduce your out-of-pocket costs by visiting doctors and hospitals who contract with your plan. Visit your plan’s website to determine which providers participate in the plan’s network;

- FEHB coverage automatically continues each year; you do not have to reenroll;

- You can continue FEHB coverage into retirement if you meet certain eligibility and enrollment requirements;

- If you are enrolled in the Federal Flexible Spending Account Program, you may submit your health benefits copayments, coinsurance and deductibles as eligible expenses for your FSA account.

Are there resources I can use to help me find the right health plan?
Yes, the list of resources below can help you.

- Compare Health Plans, a tool that allows comparison of benefits of up to three plans in one view

- Information on plan quality
  - Satisfaction ratings of customers enrolled in each plan
  - Plan effectiveness of patient care measures

Where can I go for more details or additional information?

- Your health plan’s brochure.
- OPM’s Healthcare website.