





## "Choosing A Health Plan" Checklist

This checklist has been created to assist you in selecting a health insurance plan in the Federal Employees Health Benefits (FEHB) program. **Complete items 1 through 8 prior to your first day of employment for health insurance to be effective July 2, 2023.** 

	1)	Watch Clinical Fellow <u>FEHB Overview Video</u> .
	2)	Contact your current employer to determine when your health insurance terminates. If necessary, ask how you may utilize <u>COBRA</u> or if you are able to extend your coverage for an additional 31 days.
		*If you utilize COBRA or an extension in coverage, work with the Benefits Office to coordinate the effective date of your NIH health insurance coverage to avoid any lapse in coverage.
	3)	Contact physician(s) you are currently seeing to identify what health insurance plans they accept.
	4)	Consider current health ailments, prescriptions, and any future medical needs.
	5)	Watch the <u>FEHB Plan Comparison Tool Video</u> . Use the <u>comparison tool</u> to identify plans that cover
		you and your eligible family members where you will be living at the time of your NIH appointment.
Ш	6)	Contact the health insurance provider or visit their website (phone numbers and links are on the comparison tool) to ensure they provide coverage at the address you will be living at the time of you
	_,	appointment and for existing health ailments, prescriptions, and future medical needs.
	7)	Once plans are narrowed down, identify premiums and deductibles that are affordable for you. A
		low-cost plan may not necessarily meet your health needs. Note the enrollment code and plan
		name of your selection as this information will be needed to complete your <u>Health Benefits</u>
	٥١	Election Form (SF-2809).  Submit completed Health Benefits Floation Form (SF 2800) and supporting dependent
	8)	Submit completed Health Benefits Election Form (SF-2809) and <u>supporting dependent</u> <u>documentation</u> , if applicable, to your servicing Benefits Human Resources Assistant (HRA) <b>by</b>
		2:00pm on June 30 <sup>th</sup> for coverage to be effective July 2, 2023. You may submit the election
		form and supporting documentation by a password protected email, fax, FedEx, UPS or hand
		delivery to the Benefits Office drop box located in Building 31, Rm. 1B37. If you submit it by
		fax or email, you will also need to deliver the original hand signed version to the drop box.
	9)	On July 3, 2023, attend the Clinical Fellow Orientation. Orientation location information can be
	-,	found on the <u>Clinical Fellow Health Insurance Webpage</u> .
	10)	All elections after June 30 <sup>th</sup> need to be made in USAJOBS Onboarding Manager.  *Do not attempt to submit any of your Benefits elections through the USAJOBS Onboarding system before July 1 <sup>st</sup> , as the system will not accept them. Note instruction in #8.
		If you are a foreign national with a pseudo Social Security number, you will not be able to submit your Benefits election forms through the USAJOBS Onboarding System. You will need to email them to your Benefits HRA or mail or deliver them to the Benefits Office, Bldg. 31, Room 1B37.
	11)	Your first two Leave and Earnings Statements (LES) will be mailed to you. If you submit
		your health insurance election form before June 30 <sup>th</sup> for an effective date of July 2 <sup>nd</sup> , your
		LES for pay period ending July 15, 2023 (box #1 on LES) will reflect your Federal Employee
		Health Benefits (FEHB) election with your health insurance plan code under
		"DEDUCTIONS." Check your LES to ensure all your benefits elections are correct. Contact
		your Benefits HRA if your FEHB, life insurance (FEGLI), and TSP election are not correct or reflected on your LES.
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For your first 60 days of employment, you will have a Benefits Point of Contact based on the first letter of your last name. Once you have submitted your benefits elections, you should reach out directly to your Benefits HRA to verify receipt of the forms, and that nothing further is required from you to process your elections.

Benefits Human Resources Assistant (HRA)	First Letter of Your Last Name
AskBenefits@nih.gov	A-J, T-Z
Chris Leiby 301-480-8620 chris.leiby@nih.gov	K-S
Fax: 301-402-5506	Benefits Office Address: NIH/OHR/Retirement and Employee Benefits Branch 31 Center Drive, Room 1B37 Bethesda, MD 20892

