

Quick Guide to FEHB, FEDVIP, FLCIP, FSAFEDS, and FEGLI

	FEHB	FEDVIP	FLCIP	FSAFEDS Federal Flexible Spending Account Program			FEGLI	
	FFS, HMO, CDHP, HDHP (with an HSA or HRA for HDHP only)			HCSFA	DCFSA	LEX HCFSAs		
What does the acronym stand for?	+ Federal Employees Health Benefits Program (FEHB) + Fee-For-Service (FFS) + Health Maintenance Organization (HMO) + Consumer Driven Health Plan (CDHP) + High Deductible Health Plan (HDHP) + Health Savings Account (HSA) + Health Reimbursement Arrangement (HRA)	Federal Employees' Dental and Vision Insurance Program	Federal Long Term Care Insurance Program	Health Care Flexible Spending Account	Dependent Care Flexible Spending Account	Limited Expense Health Care Flexible Spending Account	Federal Employees' Group Life Insurance Program	
When did the program start?	FEHB – 1960 (HDHP – 2005)	2006	2002	2003		2006	1954	
Which law governs this program?	5 U.S.C. Chapter 89	5 U.S.C. Chapter 89A and 89B	5 U.S.C. Chapter 90	Internal Revenue Code Section 125			5 U.S.C. Chapter 87	
What regulations implement this law?	5 C.F.R. Part 890	Regulations pending	5 C.F.R. Part 875				5 C.F.R. Part 870	
Who administers this Program?	OPM / FEHB Program Carriers	OPM / BENEFEDES (enrollment and premium)	OPM / Long Term Care Partners	OPM / SHPS, Inc.			OPM/ MetLife	
What types of plans are available?	+ FFS with Preferred Provider Organization (PPO) + HMO + Consumer Driven Health Plan (CDHP) + HDHP with HSA or HRA	+ 7 dental plans + 3 vision plans with PPO networks	Pre-packaged plans or design your own	Health Care FSA	Dependent Care FSA	Limited Expense FSA	+ Basic + Three Options	
Which employees are eligible?	Federal employees are eligible unless their position is excluded by law or regulation <u>HDHP with an HSA</u> : Additional eligibility requirements include: + must be enrolled in an HDHP; + not be enrolled in other general medical insurance coverage, a general purpose HCFSAs, or Medicare; and, + may not be claimed as a dependent on another person's tax return (but may be a spouse filing jointly), <u>HDHP with an HRA</u> : Additional eligibility requirements include: + must be enrolled in an HDHP; and + must not qualify for an HSA.	Federal employees are eligible unless their position is excluded by law or regulation	Federal employees are eligible to apply for coverage unless their position is excluded by law or regulation	Employees or an Executive Branch agency, or an agency, commission, or other Federal entity that has adopted FedFlex			The LEX HCFSAs is designed for employees eligible for the FEHB Program and the FSAFEDS Program who are enrolled in an HDHP with HSA	Federal employees are eligible unless their position is excluded by law or regulation
Are annuitants eligible to enroll?	No, but they may continue coverage if otherwise eligible	Yes	They may apply for coverage	No			No, but they may continue coverage if otherwise eligible	
What options do re-employed annuitants have?	Two choices: + Keep coverage as an annuitant + Transfer coverage to employing agency Choice depends upon eligibility for and decision regarding premium conversion election	May maintain their enrollment	Are eligible to apply or, if already enrolled, to continue coverage	May enroll as an employee if otherwise eligible			Automatic suspension Of Basic and Options A & C as an annuitant if Reemployed in an eligible position. Choice for Option B. Agency must notify OPM	

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Which family members are eligible?	<ul style="list-style-type: none"> + A spouse (as defined in the Defense of Marriage Act) + Unmarried dependent children under 22 (including adopted child, recognized natural child, stepchild or foster child, if living with employee/annuitant in regular parent/child relationship) + Children age 22 or older incapable of self-support, if disabling condition began before age 22 		<ul style="list-style-type: none"> + Spouses and adult children of employees and annuitants may apply + Parents, parents-in-law, and stepparents of employees (not of annuitants) may apply 	<ul style="list-style-type: none"> + A spouse (as defined in the Defense of Marriage Act) + Unmarried dependent children under 22 (including adopted child, recognized natural child, stepchild or foster child, if living with employee/annuitant in regular parent/child relationship) + Children age 22 or older incapable of self-support, if disabling condition began before age 22 			
Which family members are not eligible?	<ul style="list-style-type: none"> + Grandchildren, unless foster child requirements are met + Parents + Siblings + In-Laws 		<ul style="list-style-type: none"> + Children under 18 + Grandchildren + Siblings + Adult foster children 	<ul style="list-style-type: none"> + Grandchildren, unless foster child requirements are met + Parents + Siblings + In-Laws 			
How long does a new employee have to enroll?	60 days from entry on duty	60 days from entry on duty	60 days from entry on duty to apply with abbreviated underwriting	60 days from entry on duty			
How do new employees enroll?	<ul style="list-style-type: none"> + SF-2809 + Some agencies may have electronic enrollment 	1-877-888-3337 or www.benefeds.com	Complete and submit abbreviated underwriting application at www.ltc.com or request a copy from 1-800-LTC-FEDS	1-877-372-3337 or www.fsafeds.com			<ul style="list-style-type: none"> + SF-2817 + Some agencies have electronic enrollment
When does coverage become effective for new employees?	The first day of the first pay period that begins after enrollment request is received and that follows a pay period during any part of which the employee was in pay status	The first day of the first pay period that begins after enrollment request is received	The first day of the month after the application is approved provided that the employee was actively at work at least one day during the previous calendar week	Generally, the next day after the employee enrolls			<ul style="list-style-type: none"> + Basic: The day the employee enters on duty in pay status + Optional: The first day the employee enters on duty in pay status on or after the day the agency receives the election
What are the enrollment types?	<ul style="list-style-type: none"> + Self Only + Self and Family 	<ul style="list-style-type: none"> + Self Only + Self Plus One + Self and Family 	Each person applies individually	Eligible employees enroll in their own accounts that cover all eligible family members			<ul style="list-style-type: none"> + Basic +Optional

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Do employees have to re-enroll each year?	No			Yes			No
When is Open Season?	+ Annual – Monday of the 2nd full work week in November to Monday of the 2nd full work week in December + For 2007: November 12 – December 10, 2007		+ No annual Open Season + Those eligible can apply at anytime with full underwriting	Same as FEHB			+ Infrequent + Announced by OPM
When do Open Season changes become effective?	+ Employees – The first day of the first full pay period in January + Annuitants – January 1st	January 1st	N/A	January 1st			+ Depends on the Open Season + Last two Open Seasons had a one year delayed effective date
What actions can an employee take during Open Season?			N/A	Enroll in an HCFSA or LEX HCFSA and/or a DCFSA			+ Depends on the Open Season
Are there additional opportunities to enroll or change enrollment?	Yes, Qualifying Life Events (QLE)		Those eligible can apply at any time	Yes, Qualifying Life Events (QLE)			Provide Medical Information or experience a QLE
What are qualifying life events?	+ Change in Family Status + Change in employment status + FEHB only – you or your family member lose FEHB or other coverage + FEDVIP only – you or your family member lose dental or vision coverage + For FEHB, see SF-2809 for the Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election + For FEDVIP, see a FEDVIP plan brochure for the Table of Permissible Changes		N/A	+ Change in Family Status + Change in employment status			+ Marriage + Divorce + Death of a spouse + Acquiring an eligible child
What changes are employees allowed to make due to a QLE?	The QLE determines which action(s) may be taken: + Enroll in a plan in the Program, if not already enrolled + Cancel enrollment + Change type of enrollment + Change from one plan or option to another + FEHB only – Participate or waive premium conversion		N/A	Depending on QLE – can increase or reduce election amount or enroll			If enrolled in Basic, can newly elect or increase multiples of Option B and Option C

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What is the effective date for an enrollment change outside of Open Season?	Generally, the first day of the first pay period that begins after the enrollment request is received and that follows a pay period during any part of which the employee was in pay status			N/A	Generally, the next day after you enroll or change your election			For QLE, the first day the employee is at work in a pay and duty status on or after the date of the event; for medical information, the date OFEGLI approves the request (for Basic) or date of receipt of election (for optional)	
What is the timeframe for making changes due to a QLE?	Generally, 31 days before to 60 days after the QLE			N/A	Generally, 31 days before to 60 days after the QLE				
Will employees' salary contributions be pre-tax?	Yes, employees are placed in premium conversion automatically. Under FEHB, premium conversion can be waived.			No	Yes			No	
How do employees pay premiums?	Salary Deduction			Choice of payroll / annuity deduction, automatic bank withdrawal or direct bill	Salary Deduction				
Is there a government contribution to the premiums?	Yes, the government contributes 72% of the average premium		No	No	No			Yes, the government pays one third of Basic coverage	
Can an employee continue coverage when in an insufficient or non-pay status?	<ul style="list-style-type: none"> + Yes, coverage may continue for up to 365 days. Employee must elect to continue or terminate enrollment. + If employee continues enrollment, they may pay premiums directly or incur a debt to the agency. Agency must pay premiums to OPM. + Non-pay status can be continuous or broken by periods of less than 4 months of pay status. + If employee returns to pay status, must elect to enroll – it is not automatic. Employee has 60 days to enroll after returning to duty. 		Yes, the employee can continue coverage and pay premiums directly to BENEFEDS on post-tax basis. Coverage will end if the enrollee does not make premium payments to BENEFEDS.		Yes, the employee should change payroll deduction of premiums to automatic bank withdrawal direct bill.	Employee has option to pre-pay allotments or freeze account until return to pay status			Free for 12 months
Can employees continue coverage when they leave federal service?	<ul style="list-style-type: none"> + 31-day free extension of coverage is automatic + Temporary Continuation of Coverage (TCC) is available for separating employees for up to 18 months + Opportunity to convert to an individual policy. 		No		Yes, as long as they pay premiums timely	No			+ 31-day free extension of coverage + Opportunity to convert to an individual policy.

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Can family members continue coverage when they are no longer eligible family members?	+ 31-day free extension of coverage is automatic + Temporary Continuation of Coverage (TCC) is available for separating employees for up to 18 months + Opportunity to convert to an individual policy.	No	Yes, if they applied and were approved and enrolled while they were eligible family members	No			No
Can employees continue coverage into retirement?	Yes, if the following requirements are met: + employee is entitled to retire on an immediate annuity under a retirement system for civilian employees + employee has been continuously enrolled in FEGLI for the 5 years or service immediately before the date the annuity starts, or for the full period(s) of service since the first opportunity to enroll (if less than 5 years) + FEHB law provides for OPM authority to waive the 5 year requirement	Yes	Yes	No			Yes, if the following requirements are met: + employee is entitled to retire on an immediate annuity under a retirement system for civilian employees + employee has been continuously enrolled in FEGLI for the 5 years or service immediately before the date the annuity starts, or for the full period(s) of service since the first opportunity to enroll (if less than 5 years) + employee did not convert the coverage to a private policy; FEGLI law does not provide any authority to waive the 5 year requirement
Can an employee's family continue coverage after the death of the employee?	Yes, if at least one family member is entitled to a survivor annuity and was covered as a family member at the time of death		An enrolled family member can continue his/her own coverage	No. However, eligible claims incurred up to the date of the employee's death can be submitted for reimbursement to use up remaining funds.			Spouse can convert Option C only, if applicable

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Is coverage available for former spouses?	Yes, if former spouses meet the following requirements: + the former spouse was covered as a family member under an FEHB enrollment at least one day during the 18 months before the marriage ended. (This requirement is also met when both the former spouse and the Federal employee or annuitant have FEHB enrollment); + the former spouse is entitled to a portion of the Federal employee's annuity or to a former spouse survivor annuity; and + the former spouse has not remarried before age 55. The employee's or annuitant's employing office will determine whether the former spouse is eligible to enroll.	No	No	No			No
Can an employee cancel coverage at any time?	If the employee participates in premium conversion, can only cancel during Open Season or when experience a specific QLE associated with each program. If not under premium conversion can cancel at anytime.	No, an employee can only cancel during Open Season.	Yes	No. An employee can cancel when he/she is separated from service.	No. An employee can only cancel as a result of: + the dependent reaching age 13, or death of the dependent	No, unless the employee is separated from service	Yes, unless assigned
What happens if an employee is called to active duty?	+ Can elect to continue enrollment or terminate. + If continue, coverage terminates at the end of 24 months. + If called up for contingency operation, agency may pay premiums. + If not in support of contingency operation, employee is responsible for premiums.	The employee can continue coverage and pay premiums directly to BENEFEDS on post-tax basis. Coverage will end if the enrollee does not make premium payments to BENEFEDS	The employee should contact Long Term Care Partners to change from payroll deduction of premiums to automatic bank withdrawal or direct bill.	Employee can either prepay their election by accelerating their allotments prior to period of active duty or freeze their accounts.			Coverage continues free while in non-pay status for 12 months, then terminates with the right to convert
What happens when someone returns from active duty?	+ If enrollment terminated, then coverage is reinstated the day the employee comes back + Employee can waive reinstatement to use transitional TRICARE	If an employee is returning from active duty and they elected not to maintain coverage during their active military service, they may enroll in FEDVIP as a QLE within 60 days of their return to work.	Employee can contact Long Term Care Partners to change back to payroll deduction	Current Benefit Period- allotments recalculated based on number of pay dates remaining New Benefit Period- employee can make new election			Terminated FEGLI reinstated at same level of coverage when employee returns to work in a pay and duty status

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Can an employee appeal a plan's denial to pay a claim?	Yes, the employee seeks reconsideration from FEHB plan. If plan upholds initial decision, employee may request OPM review	Yes, must go through plan's appeal process. An independent third party review of a claim denial is available when the internal appeal has been exhausted. There is no OPM review.	Yes, to Long Term Care Partners. An independent third party review of a claim denial is available when the internal appeal has been exhausted. There is no OPM review.	Yes, to SHPS, Inc. There is a specific process to follow as outlined at www.fsafeds.com . An independent third party review of a claim denial is available when the internal appeal claim process has been exhausted.			No official appeal process. Claimant can write to OFEGLI