

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

	FEHB	FEDVIP	FLTCIP	FSAFEDS Federal Flexible Spending Account Program			FEGLI
	FFS, HMO, CDHP, HDHP (with an HSA or HRA for HDHP only)			HCFSA	DCFSA	LEX HCFSA	
What does the acronym stand for?	<ul style="list-style-type: none"> 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. Parts 890 and 892	5 C.F.R. Part 894	5 C.F.R. Part 875	N/A	N/A	N/A	5 C.F.R. Part 870
Who administers this Program?	OPM / FEHB Program Carriers	(enrollment and premium) / FEDVIP Carriers	OPM / Long Term Care Partners / BENEFEDES	OPM / ADP, Inc / BENEFEDES (premium)			OPM / MetLife
What types of plans are available?	<ul style="list-style-type: none"> FFS with Preferred Provider Organization (PPO) HMO Consumer Driven Health Plan (CDHP) HDHP with an HSA or HRA 	•10 dental plans•4 vision plans	Pre-packaged plans or customize your own	Health Care FSA	Dependent Care FSA	Limited Expense Health Care FSA	Basic, three Options
Which employees are eligible?	<p>Federal employees are eligible unless their position is excluded by law or regulation</p> <p>HDHP with an HSA: Additional eligibility requirements include:</p> <ul style="list-style-type: none"> •must be enrolled in an HDHP; •not be enrolled in other general medical insurance coverage, a general purpose HCFSA, or Medicare; and •may not be claimed as a dependent on another person's tax return (but may be a spouse filing jointly). <p>HDHP with an HRA: Additional eligibility requirements include:</p> <ul style="list-style-type: none"> •must be enrolled in an HDHP; and •must not qualify for an HSA. 	FEHB-eligible 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	FEHB-eligible employees of an Executive Branch agency, or an agency, commission, or other Federal entity that has adopted FedFlex	Employees of an Executive Branch agency, or an agency, commission, or other Federal entity that has adopted FedFlex. Intermittent employees are not eligible	Employees eligible for the FEHB and FSAFEDS Programs who are enrolled in a High-Deductible Health Plan with a Health Savings Account	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?	<p>Two choices:</p> <ol style="list-style-type: none"> 1. Keep coverage as an annuitant 2. Transfer coverage to employing agency <p>Choice depends upon eligibility for and decision regarding premium conversion election</p>	Must maintain their enrollment or may enroll during open season, if not enrolled.	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 of reemployment
Which family members are eligible?	<ul style="list-style-type: none"> •A spouse (including a same-sex spouse) •Children under age 26, including adopted children, recognized natural children, or stepchildren (including children of same-sex domestic partners in certain states); or foster children living with employee/annuitant in regular parent-child relationship •Children age 26 or older incapable of self-support, if disabling condition began before age 26 	<ul style="list-style-type: none"> •A legal spouse •Unmarried dependent children under age 22 including: adopted child, recognized natural child, stepchild (including children of same sex domestic partners in certain states) 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 •Same sex and opposite sex domestic partners of employees and annuitants •Parents, parents-in-law, and stepparents of employees (not of annuitants) may apply 	Participants may file claims for reimbursement of eligible health care expenses incurred by the participant, spouse, children through the end of the calendar year in which the child turns 26, and anyone claimed as a dependent on the participant's tax return	Participants may file claims for reimbursement of eligible dependent care expenses for children under age 13 and for anyone who is incapable of self-support and claimed as a dependent on the participant's tax return	Participants may file claims for reimbursement of eligible dental and vision expenses incurred by the participant, spouse, children through the end of the calendar year in which the child turns 26, and anyone claimed as a dependent on the participant's tax return	<ul style="list-style-type: none"> •A spouse (including a same-sex spouse) •Unmarried dependent children under age 22, including adopted children, recognized natural children, stepchildren (including children of same-sex domestic partners), or foster children 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

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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 	Children over age 13 unless mentally or physically incapable of self-support and claimed as a dependent	<ul style="list-style-type: none"> •Grandchildren, unless foster child requirements are met •Parents •Siblings •In-laws 	<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			<ul style="list-style-type: none"> •Basic: automatic coverage first day in pay and duty status. Optional: 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 	Enrollment can only be completed through BENEFEDS online at www.BENEFEDS.com or by telephone at 1-877-888-3337	Complete and submit abbreviated underwriting application at www.ltcfeds.com or request a kit from 1-800-LTC-FEDS	1-877-372-3337 or www.fsafeds.com			•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 preceding calendar week.	Generally, the next day after the employee enrolls			<ul style="list-style-type: none"> •Basic: The day employee enters on pay and duty status •Optional: The first day the employee enters on pay and duty 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	Employees enroll in their own flexible spending account(s) that cover all eligible family members			Basic; Optional
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 the Monday of the 2nd full work week in December		<ul style="list-style-type: none"> •No annual Open Season. •Those eligible can apply at anytime with full underwriting 	Annual - Monday of the 2nd full work week in November to the Monday of the 2nd full work week in December			Infrequent; announced by OPM
When do Open Season changes become effective?	<ul style="list-style-type: none"> •Employees – the first day of the first full pay period in January •Annuitants – January 1st 	January 1st	Effective dates of coverage under an Open Season will be announced in Federal Register Notice	January 1st			<ul style="list-style-type: none"> •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?	<ul style="list-style-type: none"> •Enroll in a plan in the Program, if not already enrolled •Cancel enrollment •Change type of enrollment - Self Only, Self + One (FEDVIP only), and Self and Family •Change from one plan or option to another •FEHB only -- Participate or waive premium conversion 		N/A	Enroll or reenroll 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)			Yes, Qualifying Life Events (QLE)			Yes, by providing medical information or by experiencing a FEGLI QLE
What are common qualifying life events?	<ul style="list-style-type: none"> •Change in family status •Change in employment status •You or a family member lose FEHB or other coverage •For FEHB, see SF 2809 for the Table of Permissible Changes in FEHB Enrollment and Premium Conversion Election. 	<ul style="list-style-type: none"> •Add or lose family member •You or a family member lose dental or vision coverage. •See a FEDVIP plan brochure for the table of permissible changes. 	N/A	<ul style="list-style-type: none"> •Change in family status •Change in employment status 			FEGLI QLEs: <ul style="list-style-type: none"> •Marriage •Divorce •Death of a spouse •Acquiring an eligible child

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What changes are employees allowed to make due to a QLE?	<p>The QLE determines which action(s) may be taken:</p> <ul style="list-style-type: none"> • Enroll in a plan in the Program, if not already enrolled • Cancel enrollment (FEDVIP - only limited circumstances) • Change type of enrollment • Change from one plan or option to another (FEDVIP-only if moving out of the regional plan's service area) • FEHB only -- Participate or waive premium conversion 	<ul style="list-style-type: none"> • Enroll in a plan in the Program, if not already enrolled • Cancel enrollment • Change type of enrollment (Self Only, Self + One, Self and Family) • Change from one plan or option to another 	N/A	Depending on QLE - can enroll, increase election, or reduce election			Can elect Basic, Option A, up to the maximum of 5 multiples for Options B and C, or increase existing multiples of Options B or C
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		Coverage effective date is the first day of the month after the date the application was approved provided that the employee was actively at work at least one day during the preceding calendar week.	Generally, the next day after you enroll or change your election			For QLE, the first day after the election is received by HR and 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) as long as the employee is in a pay and duty status
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	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, for most employees, the Government contribution equals the lesser of <ul style="list-style-type: none"> a) 72 percent of the overall weighted average; or b) 75 percent of the total premium for the plan you select. 	No	No	No			Yes, the government pays one third the cost of Basic coverage
Can an employee continue coverage when in an insufficient or nonpay 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. • Nonpay 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's not automatic. Employee has 60 days to enroll after returning to duty. 	Yes, the employee can continue coverage and pay premiums directly to BENEFEDES on post-tax basis. Coverage will end if the enrollee does not make premium payments to BENEFEDES.	Yes, the employee should select automatic bank withdrawal or direct bill to pay premiums until premiums can be deducted from pay	Employee has option to pre-pay allotments or freeze account until return to pay status	IRS-eligible dependent care expenses will still be reimbursable up to the account balance	Employee has option to pre-pay allotments or freeze account until return to pay status	Free (Basic and optional) for 12 months while in nonpay status. If pay insufficient, the employee can make direct premium payments to the agency. If the employee declines to make premium payments, coverage is cancelled.
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 or receive assistance in obtaining coverage inside or outside the health insurance exchanges 	No	Yes, as long as they pay premiums timely	No			No, but there is a 31-day free extension of coverage and an opportunity to convert to an individual (non-FEGLI) policy
Can family members continue coverage when they are no longer eligible family members?	<ul style="list-style-type: none"> • 31-day free extension of coverage is automatic • Temporary Continuation of Coverage (TCC) is available for family members for up to 36 months • Opportunity to convert to an individual policy or assistance in obtaining coverage inside or outside the health insurance exchanges 	No	Yes, if they applied and were approved and enrolled while they were eligible family members	No			No

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Can employees continue coverage into retirement?	Yes, if the following requirements are met: <ul style="list-style-type: none"> employee is entitled to retire on an immediate annuity under a retirement system for civilian employees employee has been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of 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: <ul style="list-style-type: none"> 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 of 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) 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 expenses incurred up to the date of the employee's death can be submitted for reimbursement up to the account balance			Family members can convert Option C only to an individual policy, if employee or retiree enrolled at death
Is coverage available for former spouses?	Yes, if former spouses meet the following requirements: <ul style="list-style-type: none"> 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 any time.	No, there are very limited opportunities to cancel outside of an Open Season.	Yes	No. An employee can cancel when s/he is separated from service	No. An employee can only cancel as a result of: <ul style="list-style-type: none"> the dependent reaching age 13, or death of the dependent 	No, unless the employee is separated from service	Yes, unless the coverage is assigned
What happens if an employee is called to active duty?	<ul style="list-style-type: none"> 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. 	If the employee or spouse is called to active duty, they may cancel their coverage under a QLE within 60 days of deployment. They may also choose to 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 BENEFEDS to change from payroll deduction of premiums to automatic bank withdrawal or direct bill. BENEFEDS administers the premium payment processes on behalf of FLTCIP.	The employee can prepay their election by accelerating allotments prior to active duty, freeze their account, or in some circumstances, get a HEART Act taxable distribution of their unused HCFSA or LEX HCFSA balance			Coverage can continue for 24 months for those who enter active duty. The first 12 months are free. For the remaining 12 months, the employee must elect to continue and pay both the employee and agency share of the premiums for the Basic coverage, and also pay the entire cost (there is no agency share) for any Optional insurance. Upon completion of the 24 months, coverage terminates with the right to convert (subject to a 31-day extension of coverage).

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What happens when someone returns from active duty?	<ul style="list-style-type: none"> If enrollment terminated, then coverage is reinstated the day the employee comes back. Employee can waive reinstatement to use transitional TRICARE 	<p>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.</p>	<p>Employee can contact BENEFEDS to change back to payroll deduction. BENEFEDS administers the premium payment processes on behalf of FLTCIP.</p>	<p>Current Benefit Period: allotments recalculated based on number of pay dates remaining New Benefit Period: employee can make new election</p>			<p>FEGLI premiums resume from pay. Any terminated FEGLI coverage is reinstated at same level of coverage when employee returns to work in a pay and duty status</p>
Can an employee appeal a plan's denial to pay a claim?	<p>Yes, the employee seeks reconsideration from FEHB plan. If plan upholds initial decision, employee may request OPM review.</p>	<p>Yes, the employee must go through the plan's appeal process noted in the plan's brochure. An independent third party review of a claim denial is available when the internal appeal process has been exhausted. There is no OPM review.</p>	<p>Yes, to Long Term Care Partners. An independent third party review of a claim denial is available when the internal appeal process has been exhausted. There is no OPM review.</p>	<p>Yes, to ADP, Inc. There is a specific process to follow outlined at www.fsafeds.com. An independent third party review of claim denial is available when the internal appeal claim process has been exhausted</p>			<p>No official appeal process. Claimant can write to OFEGLI</p>