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**Letter Number 2022-15**

**Date: August 8, 2022**

Fee-for-service [12]

Experience-rated HMO [12]

Community-rated HMO [14]

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## **Subject: Removing Ineligible Children from Federal Employees Health Benefits (FEHB) Program Coverage**

### **Purpose**

This Carrier Letter provides guidance to FEHB Carriers on removing covered children when they reach age 26.

### **Removal of Child at Age 26**

By law, a child of an enrollee under age 26 is eligible for coverage as a family member under a Self Plus One or Self and Family enrollment. A child is defined as a child born within a marriage, a recognized natural child, an adopted child, a stepchild, or a foster child (see 5 CFR section 890.302).

**FEHB Carriers are required to proactively disenroll a child that reaches age 26**, unless the child is eligible for continued coverage because they are [incapable of self-support](#) due to a physical or mental disability that began before age 26. The employing office will not provide notice to the FEHB Carrier that the child has lost eligibility; Carriers are responsible for tracking children's age and notifying enrollees of upcoming loss of eligibility. FEHB Carriers must provide written notice to the enrollee, at least 60 days before the child's birthday, of the intent to disenroll the child on midnight of the 26th birthday with a 31-day extension of coverage added by the FEHB

Carrier. For example, when a child turns 26 on September 5, 2022, the coverage of a family member of an enrollee terminates at midnight on September 5, 2022. The 31-day extension provides coverage until October 6, 2022. The disenrollment letter must also provide information regarding the child's eligibility to apply for up to 36 months of Temporary Continuation of Coverage (TCC) and ability to convert to individual coverage. A sample letter is attached.

It is the enrollee's responsibility to notify their agency's human resource office of the interest in enrolling the child under TCC within 60 days of disenrollment. Carriers are not required to notify the employing office of the termination of coverage.

### **Enrollee Request to Change Enrollment Type**

If the removal of a family member results in an enrollment decreasing from three or more individuals to two or to one individual, the enrollee is eligible to decrease their enrollment type to Self Plus One or Self Only, respectively. Carriers must remind the enrollee that they have the opportunity to change their enrollment type, and to contact the employing office to request the change in enrollment type within 60 calendar days of the change in the child's status. Suggested language is in the attached sample letter.

### **Fraud, Waste, and Abuse**

FEHB Carriers are reminded of their responsibility for preventing, detecting, investigating, and reporting FEHB-related fraud, waste, and abuse. The coverage of ineligible family members can be considered potential fraud per FEHB Program Carrier Letter 2017-13: OPM FEHB Fraud, Waste and Abuse. Therefore, Carriers must remove ineligible children in a timely manner to meet contract requirements.

## **Reference Information**

For more information on family member eligibility, please refer to the [OPM website](#) and the [FEHB Handbook](#).

## **Conclusion**

FEHB Carriers are required to remove children from enrollment when they are no longer eligible for FEHB coverage. If you have any additional questions, please contact your Health Insurance Specialist.

Sincerely,

Laurie Bodenheimer  
Associate Director  
Healthcare and Insurance

Attachment: Disenrollment Notice Age 26

**Attachment: DISENROLLMENT NOTICE AGE 26**

Mr. John Smith  
123 Any Street  
Washington, DC 20065

ID number:

Dear Mr. Smith:

Our enrollment records indicate that your child [-----] will soon be turning age 26. A child is not eligible to continue to be covered under your Federal Employees Health Benefits (FEHB) enrollment once they turn age 26 unless they are eligible for continued coverage because they are [incapable of self-support](#) due to a physical or mental disability that began before age 26. If there has been a mistake and your child is not turning 26, please contact us and provide verification of your child's correct age.

We do not have any information indicating that [-----] is incapable of self-support. Accordingly, they will be disenrolled from this health plan effective the day they turn 26, [DATE], subject to a 31-day temporary extension of coverage through [DATE]. Your child may be eligible to continue coverage under Temporary Continuation of Coverage (TCC) if a request is made within 60 days of loss of coverage. TCC enrollees must pay the full premium for the plan they select (that is, both the employee and Government shares of the premium) plus a 2 percent administrative charge. For more information on TCC, please visit the US Office of Personnel Management website at <https://www.opm.gov/healthcare-insurance/healthcare/temporary-continuation-of-coverage/> and contact your human resource office for information on how to enroll.

In addition, children may convert to an individual non-group contract. If you are interested in an individual conversion policy, contact us in writing at [---] within 31 days of your child losing eligibility.

If the removal of a family member results in an enrollment decreasing from three or more individuals to two individuals or to one individual, you are

eligible to decrease your enrollment type to Self Plus One or Self Only, respectively. Please contact your employing office to submit a Standard Form (SF) 2809 per your agency's FEHB enrollment process to request the change in enrollment type within 60 calendar days of the change in the child's status.

If you have any questions, please call us at [FEHB Carrier phone number].