

3 FAM 3600 BENEFITS

3 FAM 3610 FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHB)

*(CT:PER-577; 10-17-2005)
(Office of Origin: HR/ER/WLP)*

3 FAM 3611 AUTHORITY

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. The legal authorities for the Federal Employees Health Benefits Program are found in:
 - 5 U.S.C. Chapter 89
 - 5 CFR, Part 890
- b. *In addition, the Office of Personnel Management (OPM) has published the FEHB Handbook to provide policies and procedures of the FEHB Program and to provide additional guidance to those enrolled in the FEHB Program and their employing offices.*

3 FAM 3612 APPLICABILITY

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. *The administrative responsibilities and internal procedures described in this subchapter apply to all eligible Foreign Service and to Civil Service employees of the Department of State.*
- b. *These regulations address only certain aspects of the FEHB Program. More comprehensive information is available through reference to the authorities referred to in 3 FAM 3611.*

3 FAM 3613 RESPONSIBILITIES

3 FAM 3613.1 Office of Personnel Management

(TL:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. The U.S. Office of Personnel Management (OPM) is responsible for the Government-wide administration of the FEHB program.
- b. Further information can be found on OPM's website, or HR's Intranet.

3 FAM 3613.2 Agency Health Benefits Officer

(CT:PER-577; 10-17-2005)

(Uniform State /Commerce/BBG/USAID/Foreign Service Corps-USDA)

(Applies to Foreign Service & Civil Service Employees)

An agency health benefits officer is designated in each agency's Washington DC headquarters. In the Department of State, this officer is part of the staff of HR/ER. The health benefits officer is responsible for the coordination of the FEHB program and is the OPM contact for agency-wide insurance matters.

3 FAM 3613.3 Bureau Designated Human Resources Officer

(CT:PER-577; 10-17-2005)

(Uniform State/USAID/BBG/ Commerce/Foreign Service Corps-USDA)

(Applies to Foreign Service & Civil Service Employees)

- a. Each *bureau*; designated certifying *HR officer* is responsible for:
 - (1) *Certifying each* employee's FEHB insurance status, *eligibility, and effective dates of benefits actions, including decisions on belated enrollment and change of enrollment requests;*
 - (2) Explaining the FEHB program *and its benefits* to employees *in their respective bureau;*
 - (3) *Ensuring that Form SF-2809, Health Benefits Registration Form-Federal Employees Health Benefits Program, is properly completed; including employee's social security number; and*
 - (4) Notifying the agency health *benefits* Officer and *the* appropriate *payroll office (RM/F/DAS/CFSC/APPO/DP) when an employee enrolls, cancels enrollment, or changes enrollment.*

- b. Bureau-designated HR officers perform these functions under guidance received from OPM and instructions issued by the health benefits officer.*

3 FAM 3613.4 Bureau Human Resources Specialists or Post Administrative

Bureau HR specialists or post administrative officers should refer to the FEHB handbook which can be found on OPM's website, when advising employees regarding FEHB Program benefits.

3 FAM 3613.5 Payroll Office

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

The payroll office *(RM/F/DAS/CFSC/APPO/DP)* is responsible for *the transmission of employee and employer contributions for the FEHB Program to OPM.*

3 FAM 3614 KINDS OF FEHB PLANS

3 FAM 3614.1 General

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. The FEHB program includes two different types of health plans that have different approaches to health care coverage:*
- (1) Fee-for-service plans (FFS); and*
 - (2) Health maintenance organizations (HMOs).*
- b. The individual FEHB plan brochures contain the OPM-negotiated plan benefits, exclusions, claims procedures, services provided, and appeal of service provisions.*

3 FAM 3614.2 Fee-For-Service Plans

(CT:PER-577; 10-17-2005)

(State/)

(Applies to Foreign Service & Civil Service Employees)

- a. These plans cover the employee worldwide and reimburse his or her health care provider for the cost of covered services. The employee may*

choose his or her own physician, hospital, and health care providers. Most fee-for-service plans have preferred providers arrangements. If the employee receives services from a preferred provider, employees usually have lower out-of-pocket expenses (i.e. a small co-payment and/or a reduced or waived deductible). All fee-for-service plans have pre-certification of inpatient admissions and preauthorization of certain procedures

- b. Employees may review brochures on OPM's website.

3 FAM 3614.3 Health Maintenance Organizations (HMO)

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. *Health maintenance organizations (HMOs) provide or arrange for comprehensive health care services on a prepaid basis through designated plan physicians, hospitals, and other providers in particular locations. An HMO sets a geographic area for which health care services will be available, called its service area. This area is described in the plan's brochure. The employee may join a particular HMO if he or she lives within its service area. Some plans also accept enrollments from employees who work in the area even though they live elsewhere. If you have questions about whether you live or work within a HMO's service area, you should contact the plan before you enroll in it.*
- b. *Generally, employees must choose a primary care physician and have all care coordinated through that physician. The physician is responsible for obtaining any pre-certification required for inpatient admissions or other procedures.*

3 FAM 3615 FEHB PLAN SELECTION BY EMPLOYEE

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

Each eligible employee must decide which FEHB plan is suited to his or her needs. Individual health plan brochures and FEHB plan comparison charts can be viewed on OPM's website. Bureau HR specialist or post administrative officers are prohibited from recommending or showing favoritism toward a particular FEHB plan or in any way trying to influence an employee's final selection of an FEHB plan which best meets his or her

needs.

3 FAM 3616 KINDS OF COVERAGE AND ELIGIBILITY TO ENROLL OR CHANGE ENROLLMENT

3 FAM 3616.1 Self Only Enrollment

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

Self only enrollment provides coverage for the employee.

3 FAM 3616.2 Self And Family Enrollment

(CT:PER-577; 10-17-2005)

(StateA)

(Applies to Foreign Service & Civil Service Employees)

- a. Self and family enrollment – provides coverage for the employee and dependents (spouse and unmarried children under age 22). Certain conditions allow children over age 22 to remain covered under a family enrollment.*
- b. For example, in some cases, a disabled child who is 22 years old or older is eligible for coverage if an employee obtains a Certificate of Incapacity from his or her agency providing adequate medical documentation of a mental or physical handicap that existed before the child's 22nd birthday. Employee must provide medical documentation to the Office of Medical Services before a Certificate of Incapacity can be issued. See FEHB Handbook for guidance.*
- c. To provide FEHB coverage for a new eligible family member, an employee must have self and family enrollment.*

3 FAM 3616.3 Children Covered

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. In addition to natural children, an FEHB enrollment may also cover an employee's:
 - Legally adopted child(ren)

- Recognized children born out of wedlock
- b. Stepchildren and foster children (including grandchildren) may be included if:
- They live with the enrolled employee in a regular parent-child relationship
 - The employee meets certain other requirements
 - *Coverage will cease when the child marries or reaches age 22*
 - *Coverage will continue if the child is incapable of self-support, or is financially dependent on the employee, subject to the conditions set forth above in paragraph a*

3 FAM 3617 RECONSIDERATION AND FILING CLAIMS FOR PAYMENT OR SERVICE

3 FAM 3617.1 RECONSIDERATION AND APPEAL

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. *An individual may request reconsideration of the Agency's initial decision denying health insurance coverage or change of enrollment.*
- b. *Requests for reconsideration must be made in writing and should be addressed to the Agency Health Benefits Officer within 30 days from the date of the initial decision.*
- c. *The time limit may be extended when the individual shows that he or she was not notified of the time limit and was not otherwise aware of it, or that he or she was unable, due to reasons beyond his or her control, to make the request within the limit.*
- d. *Requests for reconsideration must include the following information:*
 - (1) *The claimant's name and address;*
 - (2) *Date of birth;*
 - (3) *Social Security Number;*
 - (4) *Reason(s) for the request;*
 - (5) *Name of health insurance carrier; and*
 - (6) *A copy of the written initial decision.*
- e. *For additional information on filing a request for reconsideration, contact your agency health benefits officer (see section 3 FAM 3613.2).*

3 FAM 3617.2 FILING CLAIMS FOR PAYMENT OR SERVICE

(CT:PER-577; 10-17-2005)

Each health benefits carrier resolves claims filed under the plan. For more information, employees should refer to 5 CFR 890.105.

3 FAM 3618 FEDERAL LONG TERM CARE INSURANCE (FLTCTP) AUTHORITIES

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. The legal authorities for the Long Term Care Insurance Program are found in:
 - (1) *Public Law 106-265, The Long Term Care Security Act which codified in U.S.C. Title 5, Part III, Subpart G, Chapter 90.*
 - (2) *Interim Regulations (5 CFR Part 875) published in the Federal Register on February 4, 2003.*
- b. In addition, the Office of Personnel Management (OPM) website has more detailed information available.

3 FAM 3619 FLEXIBLE SPENDING ACCOUNTS FOR FEDERAL EMPLOYEES (FSAFEDS)

(CT:PER-577; 10-17-2005)

(State)

(Applies to Foreign Service & Civil Service Employees)

- a. *The Federal Flexible Benefits Plan (FedFlex) enables eligible employees to pay for certain benefits with pre-tax dollars. In 2003, OPM expanded FedFlex by offering a new type of benefit called Flexible Spending Accounts (FSAFEDS). FSAFEDS offers two different flexible spending accounts (FSA): a health care flexible spending account and a dependent care flexible spending account. The federal FSA program is a tax-qualified program based on the guidelines in sections 105, 125, and 129 of the Internal Revenue code.*
- b. *An open season is held each year at the same time as the Federal Employees Health Benefits Program Open Season (November-December) during which employees may enroll in the FSA for the following year. An employee's election to participate one year will not roll over to the next*

year. An FSA election is 100% voluntary.

- c. A health care flexible spending account (HCFSAs) pays for uncovered or un-reimbursed portions of qualified medical costs. A dependent care flexible spending account (DCFSAs) allows you to pay eligible expenses for dependent care with pretax dollars. All employee contributions to FSAs are made from pre-tax earnings, thereby increasing disposable income. There are no government contributions to the FSAFEDS program.*
- d. OPM has placed the responsibility for implementing and managing FSAs with SHPS, Inc, the administrator of the program.*
- e. For further information, visit FSAFEDS website or call 1-877-372-3337, Monday through Friday, 9:00 a.m. to 9:00 p.m. Eastern Time.*