



Benefits Administration Letter

Number 10 - 202

Date: October 8, 2010

Subject: Resolving FEDVIP Dual Enrollments NEW PROCESS, and UPDATED QLE chart

Background

This letter provides information on the new process for resolving FEDVIP dual enrollments that are discovered by BENEFEDS, the FEDVIP carrier, OPM or an employing agency.

An eligible individual may be enrolled or covered under a FEDVIP dental plan and a separate FEDVIP vision plan at the same time; this is not a dual enrollment. Dual enrollment occurs when an individual is covered under more than one FEDVIP dental plan or more than one FEDVIP vision plan at the same time. Generally, dual enrollment is prohibited (5 U.S.C. Sec. 8956 and 8986) except when elimination of the dual enrollment would cause a covered person to lose coverage. See the section below entitled "When Dual Enrollment is Allowed." Dual enrollment is not intended to allow double coverage for any one individual, but rather, to avoid an eligible enrollee or family member's loss of coverage. No enrollee or family member may receive benefits as both an enrollee and as a dependent under more than one FEDVIP dental enrollment or more than one FEDVIP vision enrollment at the same time.

Eliminating a Dual Enrollment

As noted in the first FEDVIP Benefits Administration Letter, BAL 06-602, if BENEFEDS and/or a FEDVIP plan discovered an unauthorized dual enrollment, one of the enrollments would have been canceled prospectively from the date the dual enrollment was discovered. The enrollee would not have been required to refund any benefits paid under the cancelled enrollment, and the carrier would not have refunded any premiums paid.

*Effective 01/01/2011, any dual enrollments discovered by BENEFEDS, OPM, an enrollee's agency and/or a FEDVIP plan will be cancelled retroactively to the effective date of the dual enrollment. The premiums paid for the cancelled enrollment **will** be refunded to the enrollee and the FEDVIP plan may request that the enrollee repay any benefits paid under the cancelled enrollment.*

Example: A Federal employee and his/her Federal spouse have their own children and also stepchildren who live with the employees in a regular parent-child relationship. Because all of the children live with the employee, only one Self and Family enrollment is needed in order to cover all eligible family members. If both the employee and his/her spouse are enrolled in separate Self and Family plans, then the spouse and the children are automatically covered under both policies. This is considered a dual enrollment and must be eliminated. Also, the spouse may not elect to enroll in his/her own Self Only plan as he/she is already covered under their spouse's Self and Family enrollment.

When Dual Enrollment is Allowed

There are rare instances when dual enrollments are allowed in order to prevent an eligible person from losing coverage. These must be authorized by BENEFEDS and will only be allowed when the enrollee or an eligible family member would otherwise lose coverage. Some examples of allowable dual enrollment include when:

- An enrollee and spouse legally separate and both of them retain custody of their children by prior marriages. Those children of the covered spouse lose coverage under the enrolled spouse when they leave the household, so the covered spouse would be allowed to enroll.
- An enrollee and spouse have children from prior marriages who do not live with them. The covered spouse's children would not be covered unless a dual enrollment applied.
- An enrollee is under age 22, and covered by his/her parent's enrollment as a dependent. That enrollee becomes a parent, and enrolls in order to provide coverage to his/her child.

If a dual enrollment is allowed, the enrollee is required to notify BENEFEDS as to which family members will be covered under each of the two enrollments.

BENEFEDS will continue to work with enrollees to resolve dual enrollments. If the enrollee and spouse are unable to agree on which enrollment to continue, the enrollment of the spouse with a court order to provide coverage for the children will be continued. Otherwise, the second (later) enrollment must be cancelled since it is the enrollment that caused the dual enrollment to occur.

If BENEFEDS authorizes a dual enrollment, the enrollee may be covered and receive benefits only under his/her own enrollment. If the enrollee or a family member receives benefits under more than one plan, it is considered fraud and the enrollee is subject to disciplinary action.

Health Care Reform

The Patient Protection and Affordable Care Act (PPACA) does not apply to FEDVIP, which is a stand-alone, enrollee pay-all program. Children of FEDVIP enrollees are not eligible for coverage up to age 26. In general, a dependent child will no longer be covered upon his/her 22nd birthday.

Qualifying Life Event UPDATE

Below is a list of possible FEDVIP enrollment changes outside of Open Season. This replaces the listing found in BAL 06-602, and includes updates from the FEDVIP Regulations Amendment dated April 20, 2010.

QLE that may permit a change in enrollment	From Not Enrolled to Enrolled	INCREASE from Self Only to Self Plus One or to Self and Family or from Self Plus One to Self and Family	DECREASE from Self and Family to Self Plus One or to Self Only or From Self Plus One to Self Only	Cancel	CHANGE from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Leaving pay status due to deployment to active military duty (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes	No	No	No	No
Annuity or Compensation restored	Yes	No	No	No	No
Transferring to an eligible position with a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premiums.	No	No	No	Yes	No

The time frame for requesting a QLE change is from 31 days before to 60 days after the event. There are a few exceptions:

- No time limit for a change based on moving from a regional plan's service area
- No time limit for a change based on losing a covered family member
- An individual cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of the loss of dental or vision insurance. He/She must make the change no later than 60 days after the event.

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