

## Quick Guide to FEHB for Tribal Employees

<b>FEHB</b>	
<b>FFS, HMO, CDHP, HDHP (with an HSA or HRA for HDHP only)</b>	
<b>What do the acronyms stand for?</b>	<ul style="list-style-type: none"> <li>▪ Federal Employees Health Benefits (FEHB) Program</li> <li>▪ Fee-For-Service (FFS)</li> <li>▪ Health Maintenance Organization (HMO)</li> <li>▪ Consumer Driven Health Plan (CDHP)</li> <li>▪ High Deductible Health Plan (HDHP)</li> <li>▪ Health Savings Account (HSA)</li> <li>▪ Health Reimbursement Arrangement (HRA)</li> <li>▪ United States Code (U.S.C.)</li> <li>▪ Code of Federal Regulations (C.F.R.)</li> </ul>
<b>When did the Program start?</b>	1960
<b>Which law governs this Program?</b>	5 U.S.C. Chapter 89; 25 U.S.C. § 1647b
<b>What regulations implement this law?</b>	5 C.F.R. Part 890
<b>Who administers this Program?</b>	OPM / FEHB Program Carriers / Participating Tribal Employers
<b>What types of plans are available?</b>	<ul style="list-style-type: none"> <li>▪ FFS with Preferred Provider Organization (PPO)</li> <li>▪ HMO</li> <li>▪ CDHP</li> <li>▪ HDHP with an HSA or HRA</li> </ul>
<b>Which tribal employers are eligible to participate in FEHB?</b>	<p>The Affordable Care Act (healthcare reform law) states that</p> <p>(1) urban Indian organizations carrying out programs under Title V of the Indian Health Care Improvement Act and</p> <p>(2) Indian tribes or tribal organizations carrying out programs under the Indian Self-Determination and Education Assistance Act are entitled to purchase coverage, rights, and benefits of the FEHB program for their employees.</p> <p>OPM uses the term “tribal employer” to refer to Indian tribes, tribal organizations, and urban Indian organizations.</p>
<b>If a tribal employer participates in FEHB, which employees are eligible?</b>	Tribal employees who are considered common law employees and meet FEHB requirements for the type of employment (e.g., full-time, seasonal) are eligible to enroll in FEHB. Employees with eligibility questions should contact their employing office.
<b>Are tribal retirees eligible to enroll?</b>	No.
<b>Which family members are eligible?</b>	<ul style="list-style-type: none"> <li>▪ A spouse (including a common law spouse in states that recognize common law marriage)</li> <li>▪ Children under age 26, including adopted children, recognized natural children or stepchildren; or foster children living with employee in regular parent- child relationship.</li> <li>▪ Children age 26 or older incapable of self-support, if disabling condition began before age 26</li> </ul>
<b>Which family members are not eligible?</b>	<ul style="list-style-type: none"> <li>▪ Grandchildren, unless foster child requirements (as defined in the Handbook) are met</li> <li>▪ Parents</li> <li>▪ Siblings</li> <li>▪ In-laws</li> </ul>
<b>How long does a new employee have to enroll?</b>	If your tribal employer has recently joined the FEHB Program, please contact your employing office for details. If you are a new employee of a tribal employer that already participates in the FEHB Program, you have 60 days from the date of becoming eligible to enroll.

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<b>How do new employees enroll?</b>	Complete and submit a Standard Form (SF) 2809 to your employing office. You can obtain an SF 2809 from the Office of Personnel Management's website at <a href="http://www.opm.gov/forms/pdf_fill/sf2809.pdf">www.opm.gov/forms/pdf_fill/sf2809.pdf</a> or from your employing office.
<b>When does coverage become effective for new employees?</b>	The first day of the first pay period that begins after your FEHB enrollment request is received and that follows a pay period during any part of which you were in pay status.
<b>What are the enrollment types?</b>	<ul style="list-style-type: none"> <li>▪ Self Only</li> <li>▪ Self Plus One</li> <li>▪ Self and Family</li> </ul>
<b>Do employees have to re-enroll each year?</b>	No.
<b>When is Open Season?</b>	Annually - Monday of the 2nd full work week in November to the Monday of the 2nd full work week in December.
<b>When do Open Season changes become effective?</b>	January 1st of the following calendar year.
<b>What actions can an employee take during Open Season?</b>	<ul style="list-style-type: none"> <li>▪ Enroll in a plan in the FEHB Program, if not already enrolled</li> <li>▪ Cancel FEHB enrollment</li> <li>▪ Change type of enrollment (Self Only , Self Plus One, or Self and Family)</li> <li>▪ Change from one plan or option to another</li> <li>▪ Participate or waive premium conversion, if employing office participates in premium conversion</li> </ul>
<b>Are there additional opportunities to enroll or change enrollment?</b>	Yes, Qualifying Life Events (QLE) as defined below.
<b>What are common qualifying life events (QLE)?</b>	<ul style="list-style-type: none"> <li>▪ Change in family status</li> <li>▪ Change in employment status</li> <li>▪ You or a family member lose FEHB or other health insurance coverage</li> <li>▪ For more information, see SF 2809 for the Tables of Permissible Changes in Enrollment</li> </ul>
<b>What changes are employees allowed to make due to a QLE?</b>	The QLE determines which action(s) may be taken: <ul style="list-style-type: none"> <li>▪ Enroll in a plan in the FEHB Program, if not already enrolled</li> <li>▪ Cancel FEHB enrollment</li> <li>▪ Change type of enrollment (Self Only vs. Self and Family)</li> <li>▪ Change from one plan or option to another</li> <li>▪ Participate or waive premium conversion, if employing office participates in premium conversion</li> </ul>
<b>What is the effective date for an enrollment change outside of Open Season?</b>	Generally, the first day of the first pay period that begins after your enrollment request is received and that follows a pay period during any part of which you were in pay status.
<b>What is the timeframe for making changes due to a QLE?</b>	Generally, 31 days before to 60 days after the QLE.
<b>Will employees' salary contributions be pre-tax?</b>	Please contact your employing office to see if they permit the use of pre-tax dollars (i.e., premium conversion) to pay for insurance premium payments.
<b>How do employees pay premiums?</b>	Salary deduction.
<b>Is there an employing office contribution to the premiums?</b>	Premiums vary by plan. Your employing office contributes at least the same amount as the Government contributes for federal employees for each plan and you pay the balance, which, at maximum is approximately 30%. However, if you are a part-time employee, your premiums will be pro-rated so they may be higher. Please contact your employing office for details.

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<p><b>Can an employee continue coverage when in an insufficient or nonpay status?</b></p>	<ul style="list-style-type: none"> <li>▪ If your employing office offers Leave With Out Pay (i.e. unpaid leave), then yes, your coverage may continue for up to 365 days. You must elect to continue or terminate enrollment.</li> <li>▪ If you continue FEHB enrollment, you may pay premiums directly to the employing office or incur a debt to the employing office. The employing office must pay premiums to the National Finance Center (NFC).</li> <li>▪ Non-pay status can be continuous or broken by periods of less than 4 months of pay status.</li> <li>▪ If you return to pay status, you must elect to enroll—it's not automatic—and you have 60 days to enroll after returning.</li> </ul>
<p><b>Can employees continue coverage when they leave tribal employment?</b></p>	<p>You have a free 31-day extension of coverage. You also have the opportunity to enroll in Temporary Continuation of Coverage (TCC) for up to 18 months and to convert to an individual policy with the health plan in which you are enrolled or receive assistance in obtaining coverage inside or outside the health insurance exchanges.</p>
<p><b>Can family members continue coverage when they are no longer eligible family members (e.g., a child turns 26, a former spouse after a divorce)?</b></p>	<p>These family members will have a free 31-day extension of coverage. They will also have the opportunity to enroll in TCC for up to 36 months and to convert to an individual policy with the health plan in which they are enrolled or assistance in obtaining coverage inside or outside the health insurance exchanges.</p>
<p><b>Can an employee's family continue coverage after the death of the employee?</b></p>	<p>Family members may be eligible to continue coverage as described below:</p> <ul style="list-style-type: none"> <li>* if you have a Self and Family or Self Plus One FEHB enrollment with only a spouse, the spouse is eligible for conversion to non-group (private) coverage or can receive assistance in obtaining coverage inside or outside the health insurance exchanges ;</li> <li>* if you have a Self and Family FEHB enrollment with a child or children, the child(ren) are eligible for TCC and may cover the spouse. Eligible family members may convert to non-group (private) coverage or receive assistance in obtaining coverage inside or outside the health insurance exchanges, when TCC expires at the end of 36 months.</li> </ul>
<p><b>Can an employee cancel coverage at any time?</b></p>	<p>If you participate in premium conversion, you can only cancel during Open Season or when experiencing a specific QLE. If you do not participate in premium conversion, you can cancel at any time.</p>
<p><b>What happens if an employee is called to active duty in the military?</b></p>	<ul style="list-style-type: none"> <li>▪ Can elect to continue enrollment or terminate.</li> <li>▪ If continuing, coverage terminates at the end of 24 months.</li> <li>▪ If called up for contingency operation, employing office may pay premiums.</li> <li>▪ If not in support of contingency operation, you are responsible for premiums.</li> </ul>
<p><b>What happens when someone returns from active duty in the military?</b></p>	<ul style="list-style-type: none"> <li>▪ If enrollment terminated, coverage is reinstated the day you return.</li> <li>▪ You can waive reinstatement to use your transitional TRICARE benefits.</li> </ul>
<p><b>Can an employee appeal a plan's denial to pay a claim or provide benefits?</b></p>	<p>Yes, you can request reconsideration by the FEHB plan. If the plan upholds the initial denial, you may request that OPM review the disputed claim. See Section 8 of the plan brochure for details.</p>