

# Plan eligibility Q-and-A's



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**A**t the Health Benefit Plan, we receive a lot of questions involving eligibility, which is the reason for the question-and-answer article below. Understandably, this article does not cover even half of the eligibility scenarios or questions that may come up; however, I have tried to highlight subjects we frequently encounter.

## **What kind of coverage is available for me and my family?**

The Plan offers Self Only coverage and Self and Family coverage. Self Only coverage is for you alone. Self and Family coverage is for you, your spouse, and dependent children under age 26, including any foster children authorized for coverage by

your employing agency or retirement office. Under certain circumstances, you also may continue coverage for a disabled child 26 years of age or older who is incapable of self-support.

## **Can my enrollment status be changed from Self to Self and Family at any time?**

If you have Self Only enrollment, you may change to Self and Family status if you marry, give birth or add a child to your family. You may change your enrollment from 31 days before the event to 60 days after the event. The Self and Family enrollment begins on the first day of the pay period in which the child is born or becomes an eligible family member. When you change to Self and Family because you marry, the change is effective on the first day of the pay period that begins after your employing office receives your enrollment form; benefits will not be available to your spouse until you marry.

## **What is a qualifying life event and how does it affect my enrollment?**

If you have a qualifying life event (QLE)—such as marriage, divorce, or the birth of a child—outside of the Federal Benefits Open Season, you may be eligible to enroll in the FEHB program, change your enrollment or cancel coverage. For a complete list of QLEs, visit the FEHB website at [opm.gov/healthcare-insurance/life-event](http://opm.gov/healthcare-insurance/life-event). If you need assistance, please contact your employing agency, tribal benefits officer, personnel/payroll office or retirement office.

## **Will my employing office notify me when a family member is no longer eligible?**

Your employing office or retirement office will *not* notify

you when a family member is no longer eligible to receive benefits, nor will we. Please tell us immediately of changes in family member status, including your marriage, divorce, annulment or when your child reaches age 26.

## **What happens when I retire?**

When you retire, you usually can stay in the FEHB program. Generally, you must have been enrolled in the FEHB program for the last five years of your federal service. If you do not meet this requirement, you may be eligible for other forms of coverage, such as temporary continuation of coverage (TCC).

## **What happens to coverage upon a divorce?**

If you are divorced from a federal employee or annuitant, you can not continue to get benefits under your former spouse's enrollment. This is the case even when the court has ordered your former spouse to provide health coverage for you. However, you may be eligible for your own FEHB coverage under either the Spouse Equity Law or temporary continuation of coverage (TCC).

## **What is temporary continuation of coverage (TCC)?**

If you leave federal service or tribal employment, or if you lose coverage because you no longer qualify as a family member, you may be eligible for TCC. For example, you can receive TCC if you are not able to continue your FEHB enrollment after you retire, if you lose your federal job or if you are a covered dependent child and you turn age 26, regardless of marital status.

## **When my FEHB coverage ends, when will I lose benefits?**

You will receive an additional 31 days of coverage, for no additional premium, when:

- Your enrollment ends, unless you cancel your enrollment; or
- You are a family member no longer eligible for coverage.

Any person covered under the 31-day extension of coverage who is confined in a hospital or other institution for care or treatment on the 31st day of the temporary extension is entitled to continuation of the benefits of the Plan during the continuance of the confinement, but not beyond the 60th day after the end of the 31st day of temporary extension.