

FEHB OFFER TO CASUALS FACT SHEET

What is the FEHB Program? The Federal Employees Benefit Program (FEHB) provides comprehensive health insurance. Casual employees can choose from fee-for-service (FFS) plans, health maintenance organizations (HMOs), consumer-driven health plans (CDHPs) or high-deductible health plans (HDHPs). For more information on the types of plans under FEHB, reference www.opm.gov/insure/health/planinfo/types.asp.

When am I eligible? You are eligible after you have worked a minimum of 130 hours per month for 90 consecutive days.

What are some important things I should know?

- There are no waiting periods or pre-existing condition limitations.
- Each plan contracts with doctors and hospitals (known as a provider network). Your doctor may participate in one or more provider networks.
- You will reduce your out-of-pocket costs by visiting doctors and hospitals which contract with your plan. Visit your plan's website to determine which providers participate in the plan's network.

Do I have to decide right away? The ASC B&F Incident Finance will send you a letter offering the health benefits. Benefits will become effective once you have worked 130 hours per month for 90 consecutive days. You have 60 days from the date you are eligible to elect health benefits coverage. If you fail to return the SF-2809 within 60 days of eligibility, the choice will be recorded as a declination of enrollment

How do I enroll? To enroll, complete the Health Benefits Election Form (SF 2809) and return the form to ASC B&F Incident Finance. You will have 60 days from the date of eligibility to enroll.

When is the insurance effective? Your enrollment is effective on the first day of the first pay period that begins after your employing office receives your FEHB election form. Enrollment is not retroactive, and it cannot be made effective the day you enter on duty. You cannot be reimbursed for any medical expenses incurred prior to the effective date.

How long do I have Health Benefits?

Initially you will have coverage for 28 days (2 federal pay periods) beginning on the first day of the following pay period after receipt of a completed Health Benefits Election Form (SF-2809). If you are still working or have been ordered for a new assignment you will be responsible for contacting the ASC B&F Incident Finance before day 28 to continue health benefits. If you work at any time after your health benefits have terminated within the calendar year, you can reenroll by submitting a new Health Benefits Election Form (SF-2809) to ASC B&F Incident Finance. Send written notification to SM.FS.asc_ipc@usda.gov or 866-816-9532.

How much does it cost? The cost is based on the plan and option you choose. Generally, premiums are shared by you and your Federal agency during your time of employment. Premiums vary by plan, but, generally, you can expect to pay approximately 30% and your agency to pay approximately 70%.

Employees can discuss health insurance premiums with the agency Benefits Administrator (877-372-7248 opt 2 HR) or find more information on the OPM website at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans>.

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How do I pay for coverage? Your share of the health plan premium will be deducted from your casual payroll payment. When there is no payment in process, you will receive a bill for collection. You will be required to make payment for your portion of the premium.

Do I have to pay for my coverage with pre-tax dollars?

Your share of the health plan premium will be paid with pre-tax dollars unless you complete a Federal Employees Health Benefits Program (FEHB) Premium conversion Waiver/Election Form.

What enrollment types are available? The OPM website at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans> will provide more detailed information based on your local coverage options.

What happens after my employment ends? When your 28 days of coverage or employment ends, you have a 31-day extension of coverage under the carrier plan. During that period, you can contact your health plan company and convert the insurance plan to an individual contract, or you can enroll in **Temporary Continuation of Coverage (TCC) to continue the coverage through a FEHB plan.** TCC is available to eligible former employees for up to 18 months following the end of employment. You are then responsible for the full premium amount (government and enrollee share) plus a 2% administrative fee.

Can I cancel the coverage once I've enrolled? Yes, employees may elect to cancel coverage at any time by completing Part F–Cancellation of FEHB of the SF-2809. The form should be submitted to ASC B&F Incident Finance.

Where can I go for more details or additional information?

- ASC Customer Service: 877-372-7248 opt 2 HR (Agency Benefits Administrator)
- OPM website at: www.opm.gov/insure/health
- Link to Healthcare information <https://www.opm.gov/healthcare-insurance/healthcare/>
- Link to Form SF-2809 https://www.opm.gov/forms/pdf_fill/sf2809.pdf