

I have been retired on disability for a few months. Can I receive Federal Employees Retirement System (FERS) disability and get the health savings account (HSA) entitlement?

Being eligible for FERS disability retirement alone should not prevent you from participating in an HSA. The following passage from the Federal Employees Health Benefits Program (FEHBP) website describes the eligibility requirements for participation: You must participate in a High Deductible Health Plan, have no other insurance coverage other than those specifically allowed, and not be claimed as a dependent on someone else's tax return in order to be eligible for an HSA. Some examples of other coverage that would cause ineligibility are participation in a Health Care Flexible Spending Account, or enrollment in either Medicare Part A or Part B.

Is it possible to continue Federal Employees Health Benefits Program (FEHBP) coverage into retirement with less than the required five years of coverage?

Yes. You must have been enrolled for the full five years immediately preceding retirement or for the full periods of service since your first opportunity to enroll if less than five years.

I am retiring this year and want to know how retirees make health insurance premium payments.

When a federal employee retires, the retiree continues to pay what he or she is paying now but on a monthly basis, instead of every two weeks. Retirees pay the same health benefits premiums as active employees, but there is one exception: active U.S. Postal Service employees. Under union agreements, the U.S. Postal Service provides an additional premium subsidy for its employees. On retirement, Postal Service retirees pay the same premiums as all other federal employees and retirees.

For all federal retirees, premiums are automatically withheld from their monthly annuities. If the monthly annuity is too small to have the premium withheld, arrangements can be made through the Office of Personnel Management to pay premiums directly.

I am under the Federal Employees Retirement System (FERS) and need to know if I can postpone retirement and be able to reinstate Federal Employees Health Benefits Program (FEHBP) coverage once I do retire. I have 22 years of service and will soon be age 54.

If you are eligible for retirement at the minimum retirement age + 10 but have not yet reached age 60, you can elect to postpone receipt of your annuity to avoid the permanent reduction in your annuity. If you were enrolled in the FEHBP for at least five years prior to separation for re-

HEALTH BENEFITS

I retired under the Federal Employees Retirement System (FERS) and am enrolled in the Federal Employees Health Benefits Program (FEHBP). I have a 50 percent disability rating from the Department of Veterans Affairs (VA) and receive most of my medical care through the VA. The FEHBP pays the VA, including for my medications. If I am receiving care through the VA, can I suspend my FEHBP coverage until such time as I need it again due to any unforeseen change in my VA benefit?

The law only allows enrollees under CHAMPVA (as well as TRICARE, Medicare Advantage and the Peace Corps) to suspend FEHBP coverage as a retiree so that they can re-enroll at a later date.

tirement, you could re-enroll in the FEHBP when you begin receiving your annuity at age 60. Individuals who elect a deferred annuity are not eligible to re-enroll in the program when they begin receiving their annuity.

My husband and I are planning to retire and want to know the requirement for adding a spouse to the Federal Employees Health Benefits Program (FEHBP). I have self-only coverage as a federal employee, and my spouse's coverage under a union plan will end when he retires.

If you currently have FEHBP coverage and have had your own coverage continuously for five years prior to your retirement, you can add your spouse by electing family coverage either before or after you retire. Your spouse doesn't have to be covered under your FEHBP enrollment for five years before you retire in order for him to have coverage under your plan after you retire. As the FEHBP enrollee, you are the only one who has to meet the five-year requirement. As a result, you can cover your spouse by changing to family coverage during any Open Season, either before or after you retire.

I am thinking about leaving the federal government to go into the private sector. What happens to my Federal Employees Health Benefits Program (FEHBP) coverage upon leaving the federal government?

Under the Temporary Continuation of Coverage provisions, after a one-month, premium-free period, you would be able to elect to continue your FEHBP coverage for 18 months by paying 100 percent of the premiums, plus 2 percent to cover the administrative costs. After 18 months, you could convert to a private policy with your FEHBP plan.

I am a federal employee, and my husband is presently covered under my Federal Employees Health Benefits Program (FEHBP) enrollment. He is also a federal employee and would like to retire, but he wants to make sure he can continue his FEHBP coverage. He enrolled in the recent Open Season and will be covered for two years as an employee, and for many years previously he was enrolled under FEHBP family coverage. Will he be eligible to keep his health benefits coverage as a retiree?

A retiring federal employee can continue FEHBP coverage into retirement if he or she retires on an immediate annuity (including a Federal Employees Retirement System minimum retirement age [MRA] + 10 benefit if the retiree is at the MRA at the time of separation from government service), and he or she has been covered under the FEHBP for the last five years of his or her federal employment.

The five-year requirement for continuing FEHBP coverage into retirement is met if the retiree has been continuously covered for the last five years of his or her employment, either as an enrollee and/or a family member under the FEHBP enrollment of a federal employee spouse who carries the coverage. If your husband has been continuously covered as a family member and would be enrolling in FEHBP coverage in his own right, with no break in coverage for the last five years of his federal employment, he can continue FEHBP coverage into retirement, even if he retires within the next two years. His employing agency will have to certify to the Office of Personnel Management (OPM) that he is eligible to continue his own coverage when he retires, so make sure that OPM knows of his previous coverage under your enrollment.

I received a letter indicating that my hospital plans to drop out of my plan's network in the middle of the year. Can I switch plans?

You would need to wait for the next Open Season. It is not uncommon for providers to leave plans midyear. Other plan providers will be available to provide care. You may continue to receive care from a nonpreferred hospital, and your plan will reimburse you for your medical claim but not at the preferred provider rate.

I just retired under the Federal Employees Retirement System (FERS). Under what circumstances can I keep my health insurance benefits after I retire?

You can continue your health insurance coverage only if you meet the following conditions:

- Your annuity must begin within 30 days or, if you are retiring under the minimum retirement age + 10 provision of FERS, health and life insurance coverages are suspended until your annuity begins, even if it is postponed.
- You must be covered for health insurance when you retire.
- You must have been continuously covered by the Federal Employees Health Benefits Program, TRICARE, or the Civilian Health and Medical Program for Uniformed Services (CHAMPUS):
 - For five years immediately before retiring; or
 - During all of your federal employment since your first opportunity to enroll; or
 - Continuously for full periods of service, beginning with the enrollment that started before January 1, 1965, and ending with the date on which you become an annuitant, whichever is shortest.

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Is it a requirement that I be enrolled in a federal health plan in order to get dental insurance?

The Federal Employees Dental and Vision Benefits Enhancement Act of 2004 provided the Office of Personnel Management (OPM) with the opportunity to establish arrangements under which supplemental dental benefits are made available to eligible federal employees, retirees and their dependents on an enrollee-pay-all basis. This program allows dental insurance to be purchased on a group basis, which means competitive premiums and no pre-existing condition limitations.

Employees must be eligible for the Federal Employees Health Benefits Program (FEHBP) in order to be eligible to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP). It does not matter if they are actually enrolled in an FEHBP plan; eligibility is the key. Annuitants do not have to be eligible for or enrolled in the FEHBP. Premiums for enrolled federal and U.S. Postal Service employees are withheld from salary on a pretax basis.

Enrollment takes place during the annual Federal Benefits Open Season in November and December. New and newly eligible employees can enroll within the 60 days after they become eligible. Eligible individuals can enroll in a plan for self-only, self-plus-one or family coverage. Eligible family members include an enrollee's spouse and unmarried dependent children under age 26; or, if age 26 or older, incapable of self-support. The rules for family members' eligibility are the same as they are for the FEHBP.

For enrollment and premium questions regarding dental insurance, contact BENEFEDS at 877-888-3337. To enroll, visit www.benefeds.com.

I am age 53, with more than seven years of federal service under the Federal Employees Retirement System (FERS), during which time I maintained continuous Federal Employees Health Benefits Program (FEHBP) coverage. I have been out of government service for several years. If I return to federal service, work until at least my minimum retirement age (MRA) of 56 and accumulate at least 10 years of service, during which time I elect and maintain FEHBP coverage, would I be eligible for retiree benefits under the FEHBP upon my retirement after age 56? The only Office of Personnel Management guidance I can find indicates that if someone were eligible for retirement (in my case, upon reaching the MRA with 10 years of service), that person would be eligible for retiree coverage under the FEHBP as long as he or she takes an immediate annuity and was "continuously enrolled in a plan (not necessarily the same plan) under the FEHBP for the five years of service preceding re-

tirement or for all service since the first opportunity to enroll." The question is whether "continuously enrolled" means that I can count part of the time I was covered before my break in service, in addition to the three additional years I would plan to work to come up with at least five years, or if the five years of coverage must be continuous and immediately precede my retirement?

As long as you are or were covered for the last five years of federal service (not five consecutive calendar years) and are eligible for immediate retirement when you separate, you can continue your FEHBP coverage into retirement. This means that your coverage during your prior service counts toward the five years as long as you enroll immediately upon your return to federal service. If you are at your MRA when you separate, with at least 10 years of creditable federal service, including five years of civilian service, you are eligible to continue FEHBP coverage as a retiree as long as you satisfy the five years of FEHBP (or the first opportunity to enroll) coverage rule.

I retired under the Civil Service Retirement System (CSRS), and my wife is retiring from teaching in a few months. Can I add her to my Federal Employees Health Benefits Program plan at that time, or am I required to add her during Open Season?

If an eligible family member loses coverage under another group insurance plan – loss of coverage under a nonfederal health plan, for example – the retiree can change from self-only to family coverage from 31 days before through 60 days after loss of coverage.

You would have to prove the loss of coverage for your wife under her nonfederal insurance to the Office of Personnel Management in order to change your enrollment to family coverage outside of Open Season. You also can make the change during Open Season.

I have coverage under both the Federal Employees Health Benefits Program (FEHBP) and TRICARE. I have been advised not to give up the FEHBP coverage in favor of TRICARE because once you give up the FEHBP coverage, you cannot get it back. Should I drop my FEHBP coverage and switch to TRICARE, or should I keep both? Since I became disabled several years after I retired, will the FEHBP plan that I now have be required to take me back later if I drop the FEHBP coverage and opt for TRICARE now?

If your care under TRICARE is meeting all of your medical needs, then the additional monthly premiums you are paying for duplicate coverage under your FEHBP plan may not be financially worth it to you. Under FEHBP rules, if a retired individual has coverage under the

FEHBP and another federal insurance program, such as TRICARE or TRICARE For Life, Medicaid, Peace Corps coverage or CHAMPVA, the individual can suspend his or her FEHBP coverage and re-enroll in any FEHBP plan the individual is eligible for at a later date. Suspending FEHBP coverage for this purpose is different from voluntarily canceling FEHBP coverage.

To suspend your FEHBP coverage, you need to contact the Office of Personnel Management's Retirement Information Office and request form RI 79-9, "Health Benefits Confirmation/Suspension Confirmation." You also can view and download the form at www.opm.gov; click on "Find Forms" under "Most Requested Tasks" in the right column.

I want to retire next year so that I can care for my wife, who is currently undergoing treatment for an aggressive form of cancer. I meet age and service requirements to retire now but wasn't planning on it this soon. My federal health insurance is critical, but I have less than the required five years of continuous coverage under the Federal Employees Health Benefits Program (FEHBP). Is there an exception to the five-year requirement under the FEHBP that would allow me to continue my coverage into retirement?

You can continue your FEHBP coverage into retirement if you enrolled at every opportunity you had to enroll and had continuous enrollment during your federal career. For example, if you worked for 20 years during which you were enrolled, then left for a while, came back to federal employment and again enrolled in the FEHBP but retired four years later, you have met the requirement for continuing your coverage as a retiree.

If you worked most of your career and did not enroll in the FEHBP until recently but need to retire before you can meet the five-year requirement, you can write to the Office of Personnel Management (OPM) and request a waiver to allow you continued coverage as a retiree. OPM is authorized to waive the five-year rule if it decides it would be against equity and good conscience to deny you health benefits coverage as a retiree. You should address your letter to OPM Retirement Benefits Branch; Rm. 4H31; 1900 E St. NW; Washington, DC 20415; Attn: Five-Year Waiver. Make sure you provide evidence of your current FEHBP coverage and explain the basis for your request, including why you cannot continue working to meet the five-year requirement.

I am a retired federal employee under the Civil Service Retirement System and have Blue Cross/Blue Shield (BC/BS) (family). My wife still works and recently signed up for Medicare. When she submits

claims for health care, which is primary: Medicare or BC/BS?

Based on our information, when your spouse is still working (not retired) and is covered as a dependent under your Federal Employees Health Benefits Program (FEHBP) plan and also is covered by Medicare, then the FEHBP is primary for your spouse and Medicare is secondary. Your FEHBP BC/BS plan brochure describes how coordination is done between enrollees in both the FEHBP and Medicare. See your BC/BS plan brochure. The Centers for Medicare & Medicaid Services (CMS) has a pamphlet titled *Medicare and Other Health Benefits: Your Guide to Who Pays First*. In that pamphlet, the CMS suggests that you call 800-633-4227 and ask to speak to the Medicare Coordination of Benefits Contractor for clarification about your particular situation. BC/BS also can help. But in the end, it is Medicare that makes the final determination as to which insurance is primary and which is secondary.

Our health insurance plan under the Federal Employees Health Benefits Program (FEHBP) is currently Kaiser Permanente Northwest. Due to health problems, we may have to move to an area not covered by Kaiser Permanente. How do we change to another plan and whom do we contact to make the change, when it becomes necessary to move?

If you move outside the area of coverage for your current health maintenance organization plan, you must contact the Office of Personnel Management (OPM) at 888-767-6738 and ask OPM to provide you with pamphlet RI 70-9, *Guide to Federal Benefits: For Federal Retirees and Their Survivors*, and an SF 2809 to make a change in your health benefits. The guide will give you the listing of all of the plans in the FEHBP, along with the monthly premiums for each, to help you make a choice.

My husband and I are both retired federal employees. Under the Federal Employees Health Benefits Program, he has always carried Blue Cross/Blue Shield (Standard, family). He is enrolled in Medicare Part B. I am age 62 so have three years before I will be eligible for Medicare coverage. We have considered changing to two self-only plans during the next Open Season because we will save more than \$500 on the premiums. Are there any negatives to this change that we should consider?

There are downsides to having separate coverage. First, you will each have to pay deductibles up to the dollar limit set by your plan. Second, you will have separate catastrophic limits to meet instead of one for both of you. If you decide to choose separate coverage, you can enroll in your own plan if you met the five-year eligibil-

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ity requirements to continue coverage when you retired.

I am a federal retiree. Recently, my wife and I have had to take into our home our young grandchild, due to problems with his parents. Neither parent has a job, and their financial situation has broken up the family. I suspect we will be raising my grandson for a long period of time. I can probably pay for doctor checkups. But if anything more serious needs medical attention, I don't think I could pay for it. Any suggestions?

If you are enrolled in a health plan under the Federal Employees Health Benefits Program (FEHBP), you may be able to add your grandson as an eligible dependent. While the FEHBP does not include grandchildren as eligible dependents, the law does allow for foster children to be covered as dependents. If your grandson is living with you and dependent upon you financially, and you expect that this will be the case until the boy reaches adulthood, you can contact the Office of Personnel Management (OPM) to request that he be added as an eligible family member under your FEHBP enrollment. Call OPM's Retirement Information Office at 888-767-6738 to request the proper form.

I have had continuous federal health insurance coverage for more than five years. I will be retiring in the next few years, and my wife just landed a federal job. I have been carrying her on my policy, but we may decide to get two separate health plans because it is cheaper. However, she does not know if she will continue to work for the government toward her retirement or go back to the private sector. Either way, can I add her to my health insurance plan in retirement, or is it mandatory that she be included in my policy in advance of my retirement?

She doesn't have to be covered under your Federal Employees Health Benefits Program (FEHBP) plan when you retire. You can change back to family coverage at such time as your wife's self-only federal coverage terminates. Thinking ahead, you should know that, if you predecease your wife, you must have elected a survivor annuity for her at retirement and be enrolled in family coverage in order for her to have continued FEHBP coverage as a surviving spouse. Of course, if she has FEHBP coverage in her own right as either an employee or a retiree, she would continue to have the coverage.

Due to my wife's recent full-time employment, including medical benefits, I switched my own Federal Employees Health Benefits Program (FEHBP) plan to self-only. I am having second thoughts about whether to continue with self-only or include her in my federal

plan during the next Open Season. I am concerned that, in the event I pass away while a federal employee, my wife would not be able to join my federal health plan. Upon my death, I want to ensure that she can stop working at any time and be covered under my medical plan. I am retirement-eligible, as I meet the age and service requirements, and have been covered by the FEHBP for at least the past five years.

To be eligible for FEHBP coverage, your wife must be a survivor annuitant (either as the survivor of a deceased federal employee or as the elected survivor of a deceased federal retiree) and be covered as a family member under your FEHBP plan at the time of your death. If you have self-only coverage at the time of your death, your wife could not enroll in her own right.

I am writing to you because of my great concern for members who have Blue Cross/Blue Shield (BC/BS) under the Federal Employees Health Benefits Program (FEHBP) and have a loved one in a nursing home. Members may not realize that their medication benefits will change when they enter a nursing home.

Outside of a nursing home, ordering medications through Medco gives a member considerable savings. However, medications and supplies for members in care centers (nursing homes) are furnished through Caremark. If a NARFE member or loved one enters the care center, the patient may be told he or she must order prescriptions through the pharmacy supplying his or her needs. Such is not the case; the patient does have a choice. When you receive your first billing, it is a shock because you are billed an insurance fee per order. These costs are not shown in the plan brochure. I hope that NARFE will forewarn members of what happens in care centers.

Thank you for providing information on this important topic. If you or a dependent have to be admitted into a skilled nursing facility, get the facts from the nursing facility and from your FEHBP plan regarding prescription drug benefits and coverage for the period of the stay.

Some facilities may insist that you order all of the medications prescribed while a patient through the facility pharmacy. Despite what they say, this may or may not be true, and using the facility pharmacy may increase your out-of-pocket drug costs considerably.

You also should check with your health plan's prescription drug provider regarding the rules for prescription drugs for a patient in a nursing home. BC/BS, whose mail order prescription drug benefits usually save the enrollee money over the retail pharmacy, states in its brochure that prescription drugs billed for by the nursing facility will be covered under benefits for retail-filled prescriptions, and

the coverage will depend on whether the facility obtains its prescription drugs through a BC/BS preferred provider. The caution here is to know in advance how your prescription drug costs are handled to avoid "sticker shock," in addition to the hardships involved in a nursing home stay.

I retired under the Civil Service Retirement System and elected survivor benefits for my spouse. I currently have Blue Cross/Blue Shield (BC/BS) (Standard, family) and benefits from the Department of Veterans Affairs (VA). I did not enroll in Medicare Part B when I turned age 65. My wife is covered by CHAMPVA and is required to enroll in Medicare Part B when she turns age 65. I am thinking about suspending her BC/BS coverage and enrolling in a self-only plan. Is that possible?

Annuitants can suspend their coverage under the Federal Employees Health Benefits Program (FEHBP) for CHAMPVA. However, your wife cannot suspend the coverage since the policy belongs to you. The annuitant must be entitled to FEHBP coverage based on his or her own work record to be eligible to suspend coverage. You could switch to a self-only plan; but if you predecease her before you re-enroll in family coverage, your spouse would lose her FEHBP coverage.

If a Federal Employees Retirement System (FERS) employee retires at the minimum retirement age (MRA) + 10 and waits until age 62 to begin his or her annuity, can the individual reinstate coverage under the Federal Employees Health Benefits Program (FEHBP) at that time?

If a FERS employee resigns with 10 years of service but not at the MRA and begins to draw his or her annuity at the MRA, can the individual reinstate health benefits?

If an employee is eligible for an immediate retirement (meets the MRA and has at least 10 years of service) for an MRA + 10 but chooses to delay the annuity until a later date, he or she may reinstate FEHBP coverage (if eligible to carry it into retirement) when the retirement benefit begins. If the employee has 10 years but is not at least at his or her MRA, the FEHBP coverage may not be reinstated when he or she begins to receive the deferred annuity benefit.

I am age 36 and plan to retire at age 40. I will have 10 years of federal service, during which time I will have been continuously enrolled in the Federal Employees Health Benefits Program (FEHBP). I know that I will not be eligible for my annuity until around age 60, which means I will not be eligible for FEHBP coverage from age 40-60. However, once I reach age 60 and

start collecting my annuity, will I be eligible to re-enroll in the FEHBP, or do I have to be working up until the time I am eligible for my annuity?

Under the scenario you have laid out, no, you won't be able to re-enroll. No one who leaves government service and later applies for a deferred annuity at age 62 is eligible to re-enroll in the FEHBP. But you are most likely under the Federal Employees Retirement System (FERS), and, if you meet the minimum retirement age + 10 requirement when you leave government service, you may elect a "postponed" annuity. In that case, if you were continuously covered for the five years immediately prior to your retirement, you may then re-enroll when you decide to start drawing your annuity.

If an annuitant dies during his or her suspended enrollment in the Federal Employees Health Benefits Program (FEHBP), would the survivor be eligible to re-enroll in the FEHBP?

As long as the annuitant were enrolled in family coverage when he or she suspended the FEHBP coverage and made arrangements to leave a survivor annuity, the survivor could re-enroll in the FEHBP. You have two important things to remember. First, your spouse must be covered under your FEHBP family plan when you suspend your health coverage, and you must have elected a survivor benefit for your spouse. Therefore, if you suspended your self-only FEHBP plan, your spouse would not be eligible to reinstate the insurance upon your death.

If a retiree cancels his or her retirement coverage under the Federal Employees Health Benefits Program (FEHBP) in order to be covered under the spouse's FEHBP coverage, can the retiree reinstate the coverage once his or her spouse retires? I would have no break in FEHBP coverage. As a family unit, we can save more money in taxes this way. Then, once my wife retires, she can switch back to self-only coverage. Would this be a qualifying life event (QLE) that would allow me to reinstate my own FEHBP coverage in retirement?

Retirees married to active federal employees often have their coverage through their spouses in order to benefit from the tax-free premiums. Once the spouse retires, both husband and wife can each elect a self-only FEHBP plan or continue family coverage. An active employee who participates in premium conversion (tax-free premiums) is limited to changing to a self-only plan during Open Season unless he or she experiences a QLE outside of Open Season. A retiree may pick up a self-only plan when the retiree's spouse changes to self-only or during Open Sea-

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son. You and your spouse should coordinate changing your plans simultaneously so that neither of you loses coverage.

I retired under the Civil Service Retirement System and am age 64. I have Blue Cross/Blue Shield (BC/BS) health insurance under the Federal Employees Health Benefits Program. My wife, who is age 60, is a career homemaker. If I decide to enroll in Medicare, what will be the status of my wife's health insurance coverage? For instance, will BC/BS remain the primary insurer for her? Will she also have to make an election regarding Medicare when she reaches age 65?

Your spouse will have only BC/BS, which will be primary for her until she reaches age 65. She also will have to make a decision about enrolling in Medicare at that time. Like you, she will be able to pick up Part A at no cost, and then she will need to decide whether she wants to enroll in Part B.

How can annuitants or former spouses suspend Federal Employees Health Benefits Program (FEHBP) coverage to use TRICARE or CHAMPVA?

They can apply to suspend coverage at any time. Annuitants or former spouses can call the Office of Personnel Management's Retirement Information Office at 888-767-6738 to obtain a suspension form. Eligible individuals must submit a completed suspension form and provide all necessary documentation to show eligibility for TRICARE. If you find that you aren't satisfied with your TRICARE coverage, you can re-enroll at a later date.