Federal Employee Health Benefits (FEHB) Program
Frequently Asked Questions for Temporary Firefighters

1. **Am I eligible to enroll in FEHB coverage at this time?**
The Office of Personnel Management (OPM) has published an interim final rule which authorizes eligibility for temporary firefighters and fire protection personnel to enroll for health coverage under the Federal Employees Health Benefits (FEHB) Program effective the first pay period beginning on or after July 17, 2012.

An employee who is in a position and series (see below) that provides emergency services for fire protection who is expected to be actively engaged in firefighting shall be eligible under the FEHB Program.

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<th>Series</th>
<th>Position</th>
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<td>Forestry Technicians</td>
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<td>455</td>
<td>Range Technicians</td>
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<td>401</td>
<td>Biological Science/Specialists</td>
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<td>5201</td>
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2. **Am I required to enroll in health coverage?**
No, you are not required to enroll in the FEHB. Please know that if you do not choose to enroll in the FEHB you will not be covered by a federal health insurance plan.

3. **What enrollment types are available?**
- Self Only, which covers only the employee
- Self and Family, which covers the employee and all eligible family members.

4. **Which family members are eligible to be covered under Self and Family enrollment?**
- Your spouse (including a valid common law marriage).
- Children under age 26, including legally adopted children, recognized natural (born out of wedlock) children and stepchildren.
- Foster children are included if they meet certain requirements.
- A child age 26 or over that is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member. In determining whether the child is a covered family member, your employing office will look at the child’s relationship to you as an enrollee.
5. **How do I select a health plan?**

- The FEHB Program has a variety of health plans to choose from including Fee-For-Service plans, Health Maintenance Organizations (HMO) with comprehensive coverage and higher premiums or Consumer Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts, and lower premiums.
- There are no waiting periods and no preexisting condition limitations.
- Enrollment changes can only be made during the Annual Federal Benefits Open Season (mid-November through mid-December) or if you experience a qualifying life event.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing health plan network providers will reduce your out-of-pocket costs.

The health plans that are available vary depending upon the geographic area.

Things to consider when selecting a plan include not only premium cost, but availability of services where you plan to be working. If you have single coverage (insurance for yourself only) and travel frequently, you may want to ensure you have a plan that allows the best coverage when away from your official duty station. If you have covered dependents you may want to consider a plan that gives the best coverage in your home unit area, but also provides for out of network coverage in the event of an emergency.

For comprehensive plan information, please visit OPM’s website at: [http://www.opm.gov/insure/health/planinfo/index.asp](http://www.opm.gov/insure/health/planinfo/index.asp)

At this website, you will find plan premiums coverage information and a tool to help you compare health plan options when making your selection.

6. **How much will I pay for health coverage while I am working for the agency?**

If you enroll in the FEHB, you will pay a portion of the premium for coverage based on the plan, type of coverage, and options selected. The employee premium represents approximately 28% of the total premium for coverage.

The agency will pay the remainder of the premium while you are actively working for the agency.

The government contribution to premiums is about 72% of the overall average of all plan premiums; but it cannot exceed 75% of the premiums for an individual plan. You are responsible for paying the balance.
7. **How do I enroll for coverage?**
You must submit a completed SF-2809 to the Albuquerque Service Center- Human Resources Management (ASC-HRM), Benefits & Retirement staff for processing.

Your form must include the plan selected, names & dates of birth dependents (as applicable), dependent Social Security numbers are optional, and your original signature.

**Completed forms may be delivered using the following 2 methods:**

- **Fax:** 1-866-339-7201 (fastest method)
- **Mail:** USDA-Forest Service
  ASC-HRM, Benefits Staff
  4000 Masthead NE, Mail Stop 311
  Albuquerque, NM 87109

8. **How long do I have to enroll for coverage?**
You have sixty (60) days from July 17, 2012 to enroll for health coverage.

If you do not enroll within the 60 day window, you may enroll during the Annual Federal Benefits Open Season which is held mid-November through mid-December or if you experience a Qualifying Life Event as defined by OPM.

9. **Can I change my coverage once enrolled?**
Once enrolled, you may only change your coverage in the event of a Qualifying Life Event that permits a change or during the Annual Federal Benefits Open Season.

Qualifying Life Events include: marriage, birth of a child, death, divorce, or for more info please visit OPM’s website: [http://www.opm.gov/insure/health/planinfo/qle.asp](http://www.opm.gov/insure/health/planinfo/qle.asp)

During the Annual Federal Benefits Open Season you may enroll, change, or cancel your coverage at that time, regardless of a qualifying life event.

10. **What is the effective date of my coverage?**
The effective date of your coverage will normally be the first day of the pay period following the date your SF-2809 form is received by the ASC-HRM, Benefits & Retirement staff as long as you have been in a pay status for one full pay period.

However, the Office of Personnel Management with this new authority has given you the option to elect July 17, 2012 as your effective date. If you would like to have coverage begin effective 7-17-2012, enter the following statement in the Remarks section of Part I of your SF-2809. “Please make my coverage effective 7-17-2012”. Otherwise, leave this section blank and your coverage will be effective the first day of the pay period following receipt of your form in the Benefits department.
11. **I have submitted my enrollment form, now what happens next?**

When your enrollment form is received by the ASC-HRM, Benefits & Retirement staff, they will process your application form. A Benefits Specialist will confirm your eligibility to enroll, contact you if there are any questions, and process the enrollment form in the HR electronic systems. Once your enrollment is complete, you can begin utilizing your health benefits.

You will be assigned a CRM ticket for your enrollment and you can contact HR at any time with questions at 1-877-372-7248, press 2, press 2 again, and then press 4 to request to speak with the Benefits staff.

If you have a need for medical treatment while your application is being processed, you may contact the Benefits department for assistance. If the Benefits department has received your SF-2809 for enrollment, they can contact the provider you chose and “fast-track” your enrollment information and provide guidance for receiving medical treatment.

12. **What documents do I need to enroll in the FEHB?**

For initial enrollment in FEHB, the only document required for enrollment is a completed SF-2809.

For changes based on a Qualifying Life Event you will be required to provide supporting documentation, such as birth or marriage certificates.

For changes during the Annual Federal Benefits Open Season, you will be required to provide documentation if you are adding individuals to your plan or if you are changing health plans.

13. **What happens after your employment ends?**

When your employment ends, you have a 31-day extension of coverage under the plan. During that period, you can contact your health plan and convert your insurance plan to an individual contract with your health plan. Or, you can enroll in Temporary Continuation of Coverage (TCC) to continue your coverage through a FEHB plan. TCC is available to eligible former employees for up to 18 months following employment.

14. **Can I get TCC in subsequent years, too, i.e., at the end of each fire season?**

Yes. Each time your employment ends with the federal government, your FEHB coverage will end after a free 31-day extension of coverage. You will then be eligible for TCC for up to 18 months.
15. **How much does TCC cost?**  
Under TCC, you pay the total monthly premium, that is, the employee and the Government shares, plus a 2 percent administrative charge.

16. **Am I eligible to enroll in TCC?**  
Individuals eligible for TCC include:

- Former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct. This includes employees who are not eligible to continue FEHB into retirement
- Children who lose FEHB coverage under a self and family enrollment because they are no longer considered eligible family members

17. **When can I enroll in TCC?**  
Employees eligible for TCC generally must enroll within 60 days after the qualifying event permitting enrollment, or after receiving notice of eligibility, whichever is later. However, the opportunity to elect TCC ends 60 days after the qualifying event if: (1) you do not notify your human resources office within 60 days of your child’s loss of coverage, or (2) you do not notify your human resources office within 60 days of your divorce.

18. **Points to consider in making my decision to participate in TCC:**
- In the case of a former employee, TCC ends on the date that is 18 months after the date of separation.
- Children who lose coverage because they are no longer dependent may carry the enrollment for 36 months from the time they cease being an eligible family member for FEHB purposes.
- A TCC enrollee may cancel the enrollment at any time. However, once the cancellation takes effect, the employee cannot reenroll – the TCC cancellation is final.

19. **How do I get more information about the FEHB program?**  
Please OPM’s FEHB web site at: [http://www.opm.gov/insure/health](http://www.opm.gov/insure/health)