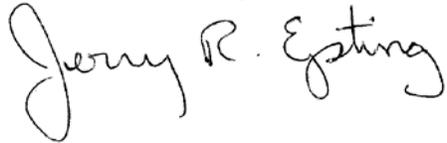


For: FFAS Employees

FEHB Program and the Affordable Care Act (ACA) Covering Children Under Age 26

Approved by: Acting Deputy Administrator, Management



1 Overview

A Background

As a result of ACA, children are covered under their parent’s FEHB Program Self and Family enrollment until age 26, beginning January 1, 2011.

B Purpose

This notice clarifies the following key issues:

- expansion of child eligibility under FEHB
- dual FEHB enrollment
- children with other (non-FEHB) coverage
- foster children
- children incapable of self-support.

2 Expansion of Eligibility

A Enrollees With Newly Eligible Children are Not Required to Change From Self Only to Self and Family Unless They Want to Cover Their Newly Eligible Children

ACA does **not** mandate that an enrollee change his/her enrollment. It is the enrollee’s decision whether to cover a newly eligible child by changing from Self Only to Self and Family with the exception of the FEHB Children’s Equity Act, which mandates, through a court order, that the employee be enrolled in Self and Family coverage to provide FEHB benefits for his/her child(ren).

An enrollee must already be enrolled or change enrollment to Self and Family to cover a newly eligible child.

Disposal Date November 1, 2011	Distribution All FAS, FSA, and RMA employees; State Offices relay to County Offices
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Notice PM-2805

2 Expansion of Eligibility (Continued)

B An Enrollee Cannot Remove a Child From a Self and Family Enrollment

An enrollee that is enrolled or has changed enrollment to Self and Family coverage **cannot** remove children under the age of 26 **unless** the enrollee changes to Self Only enrollment. Employees participating in Premium Conversion can change during open season or on experiencing a qualified life event. Employees not participating in Premium Conversion and annuitants may change to Self Only at any time.

3 Dual FEHB Enrollments

A Federal Employees Who Are Children of Federal Employees or Retirees

A Federal employee under the age of 26, whose parent has an FEHB Self and Family enrollment, is covered under the parent’s FEHB Self and Family enrollment with the following exceptions:

- they have their own family (spouse/children) whom they choose to cover under their own Self and Family enrollment
- they live outside of the coverage area of their parent’s health maintenance organization.

IF...	THEN the Federal employee under age 26 must...
1 of these exceptions applies	notify the respective insurance carriers of the names of persons being covered under each enrollment. The Federal employee may not file claims under both enrollments.
neither of these exceptions apply	cancel their enrollment using SF-2809 and be covered under their parent’s Self and Family enrollment. The enrollment cannot be completed through NFC’s self-service Employee Personal Page - MyEPP online system.

B New Federal Employees Under Age 26 Covered Under Their Parent’s FEHB Enrollment

New Federal employees **cannot** enroll in FEHB if they are covered under their parent’s FEHB Self and Family enrollment unless:

- they become age 26, which is a qualifying life event allowing the Federal employee to enroll
- they are covered under their parent’s family coverage through a private employer.

Notice PM-2805

4 Children With Other (Non-FEHB) Coverage

A Children with Private Insurance

A Federal employee enrolled under Self and Family coverage **cannot** remove their child under age 26, even if the child has other health insurance coverage, such as through their employer or school. The child's employer or school will pay claims first as the primary insurer. If the primary does not cover the illness or injury, the FEHB plan may make additional payments. The enrollee **must** contact both plans to inform them that the child has other insurance coverage.

B Children With Medicaid and/or Children's Health Insurance Program (CHIP)

FEHB does **not** disqualify a child from having additional coverage from Medicaid or CHIP. Medicaid laws do not prohibit a State from covering individuals with third party coverage.

5 Foster Children and Children Incapable of Self-Support

A Adding Foster Children

For a foster child to be added to a Self and Family enrollment, the enrollee must sign a new SF-2809 and complete AD-2104 (subparagraph B) to certify the following:

- child is under the age of 26
- child currently lives with the enrollee
- enrollee is the primary source of financial support for the child
- parent-child relationship is with the enrollee, not the child's biological parent
- enrollee expects to raise the child into adulthood.

Notice PM-2805

5 Foster Children and Children Incapable of Self-Support (Continued)

B AD-2104, Certification of Eligibility in FEHBP for Foster Children (Continued)

The following is an example AD-2104 that must be completed and provided along with SF-2809 to add a foster child to Self and Family enrollment.

This form is available electronically.
AD-2104
 (06-01-11)

U.S. DEPARTMENT OF AGRICULTURE
 Foreign Agricultural Service
 Farm Service Agency
 Risk Management Agency

CERTIFICATION OF ELIGIBILITY IN FEHBP FOR FOSTER CHILDREN

Note: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 5 CFR Part 890 and the Federal Employees Health Benefits Act of 1959 (Pub. L. 86-382). The information will be used to determine eligibility for coverage of a foster child under the Federal Employees Health Benefits Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute of regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for GOVT-1, General Personnel Records. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for coverage of a foster child under the Federal Employees Health Benefits Program.*

The collection of information is completed by current Federal Government employees and is therefore excluded from the Paperwork Reduction Act requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

I have been informed of the following requirements for coverage of a foster child under the Federal Employees Health Benefits Program (FEHBP):

1. The child must be under age 26. (If the child is age 26 or older, her/she can only be covered if he/she is incapable of self-support because of a disabling condition that began before age 26. I must provide documentation of this to my employing office.);
2. The child must currently live with me;
3. I must currently be the primary source of financial support for the child;
4. The parent-child relationship must be with me, not with the biological parent. This means that I exercise parental authority, responsibility and control. I care for, support, discipline, and guide the child. I make the decisions about the child's education and health care; and
5. I must expect to raise the child into adulthood.

I understand that if this child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.

This is to certify that: (a) _____ (name of child) lives with me; I am the primary source of financial support for this child; I have a regular parent-child relationship with this child, as described above; and I intend to raise this child into adulthood.

I have provided my employing agency proof of my regular and substantial support for (b) _____ (name of child).

The following are some examples of proof of dependency (more than one of these may be required):

- evidence of eligibility as a dependent child under other State or Federal programs;
- proof that you included the child as a dependent on previous tax returns;
- cancelled checks, money orders, or receipts for periodic payments made by you for or on behalf of the child;
- evidence of goods or services that show you made regular or substantial contributions; or
- any other significant proof of support or of paternity.

I will immediately notify both my employing office and the health benefits carrier if this child moves out of my home or ceases to be financially dependent on me.

(c) Print Name of Enrollee	(d) Social Security Number of Enrollee (9 Digits)
(e) Signature of Enrollee	(f) Date

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Notice PM-2805

5 Foster Children and Children Incapable of Self-Support (Continued)

C Children Incapable of Self-Support

Beginning January 1, 2011, children who are incapable of self-support because of a mental or physical disability that occurred before age 26 will be eligible for coverage under Self and Family enrollment, even if married.

Children older than age 26 who are incapable of self-support because of a disability that occurred between ages 22 and 26, may be covered under the employee's Self and Family enrollment. The employee must provide medical documentation as proof that the disability occurred before age 26. Medical documentation must state that the disability is expected to last at least 1 year and render the child incapable of self-support.

Children that have lost coverage because of marriage may resume coverage under parent's enrollment. Children whose previous determination has expired must submit medical documentation for reconsideration if the condition began before age 26.

The effective date for newly eligible children is no earlier than January 1, 2011.

6 Contacts

A National Office Contacts

National Office employees shall use the following table for additional information.

IF employee	THEN contact...
needs more information about FEHB for Children	FEHB Website at www.opm.gov/insure .
receive policy information	HRD, Employee/Labor Relations and Benefits Branch at 1 of the following: <ul style="list-style-type: none">• Sharon Black, 202-401-0584• Darla Hensley 202-401-0681• TDD 202-205-9057.

Notice PM-2805

6 Contacts (Continued)

B Field Office Contacts

Field Office employees shall use the following table for additional information.

IF employee is located in...	THEN contact...
<ul style="list-style-type: none"> • FSA Kansas City offices • St. Louis • RMA Product Management • APFO • RMA, Kansas City Compliance Office 	HRD, KCHRO, Benefits and Performance Management Section, at 1 of the following: <ul style="list-style-type: none"> • 816-926-6117 • 816-926-6259 • TDD 816-926-7440.
<ul style="list-style-type: none"> • FAS overseas offices • RMA Regional Offices and Compliance Field Offices, except Kansas City 	HRD, Employee/Labor Relations and Benefits Branch, at 1 of the following: <ul style="list-style-type: none"> • Sharon Black, 202-401-0584 • Darla Hensley, 202-401-0681 • TDD 202-205-9057.
State or County Office	State Office, Administrative Division.