

# AFGE Local 1263 Newsletter (#6)

Tuesday, 12 November 2024

Our FEHB/FEDVIP/FSAFEDS Open Season Issue

In this issue:



**Open Season “Benefit Fair”:** This **Friday (11/15) 11:00-13:00**

**What to Consider** during FEHB/FEDVIP/FSAFEDS Open Season

FEHB/FEDVIP/FSAFEDS working together (Benefit Coordination)

Do you know who in your  
family is eligible for  
FEHB?



Verifying your Family Member's Eligibility (if required)

**Union Meeting: Wednesday, 20 November 2024**

**10:55 to 12:35 (over both lunch-hours)**

**Building 619 Auditorium** (Mid-PoM)

**Discussion on FEHB Open Season options**

Refreshments will be served.

**MORE Information**

on FEHB/FEDVIP/FSAFEDS to follow  
**(LATER THIS WEEK)**



# OPEN SEASON **BENEFIT FAIR 2024**

*Open to all DLIFLC employees*

**Friday**

**November 15th, 2024**

**1100-1300**

**Nakamura Hall (Building 619)**

**DLIFLC, Monterey, California 93940**

All FEHB and FEDVIP carriers were invited to participate in the event. The presence or absence of eligible carrier does not indicate DLIFLC, Department of the Army, or Department of Defense endorsement or non-endorsement of any particular carrier.

## Federal Benefits *FastFacts*

### What to Consider During Federal Benefits Open Season

Open Season is the time of year when you can make decisions about your benefits under the Federal Employees Health Benefits (FEHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP), and the Federal Flexible Spending Account Program (FSAFEDS).

Your current enrollment in FEHB and/or FEDVIP will continue automatically. You will be subject to any changes in premiums, benefits, and service areas.

Your enrollment in FSAFEDS does not automatically renew. If you want to participate, you must re-enroll.

We strongly recommend you evaluate your current enrollment status in the programs. Listed below are four basic questions to ask yourself. All are equally important and should be considered carefully.

#### **1. What are my and/or my family's anticipated health care needs?**

Here are some examples to consider for each program:

**FEHB:** Am I expecting a new baby? Do I need surgery? Will my medication needs change?

**FEDVIP:** Do I only need routine dental care? Will I need a crown or a root canal? Does my child need braces? Do I need glasses and/or contact lenses? Am I considering laser vision correction surgery?

**FSAFEDS:** What are my out-of-pocket expenses going to be (deductibles, copays, coinsurances, day care and elder care expenses, over-the-counter drugs and medicines and other over-the-counter products)? Does my child need braces or use acne treatments? Will I send my children (under age 13) to a non-overnight summer camp next year?

Do not rely solely on this fact sheet.

Refer to the individual plan brochures before making your final decision.

## 2. What benefits are available?

Once you have an idea of what services you may need, the next step is to determine what benefits the plans provide.

**FEHB/FEDVIP:** Are there plan limitations (number of visits or dollar maximums) which will result in out-of-pocket expenses? Are any services I may need not covered (such as chiropractic care or laser vision correction surgery)? What is my share of the cost of prescription drugs? If you are already enrolled, please review the upcoming year's [FEHB](#), [dental](#) and [vision](#) plan brochures for any benefit changes.

- What deductibles, copays, and coinsurances must I pay? Do I have enough coverage for extensive dental work? Do I have enough coverage for glasses, exams, contact lenses, or other vision services? Is my FEHB plan terminating or reducing coverage in my service area for the next contract year? If so, do I need to choose another health plan?

**FSAFEDS:** Should I enroll in a health care account and/or a dependent care account? How much should I contribute to my FSAFEDS account(s)? Review the available [FSAFEDS materials](#).

## 3. How much will it cost?

Now that you have an idea of what services you may need and what types of benefits are provided by FEHB, FEDVIP, and/or FSAFEDS, the third consideration is cost.

Look at the current premiums for [FEHB](#) and/or [FEDVIP](#) plans you are already enrolled in or are considering enrolling in. You can find audience specific information on our [Open Season](#) website.

Enrolling in FSAFEDS is free to you. You must decide how much to contribute from your salary, which you'll get back when you incur eligible expenses.

## 4. What do I do now?

Now that you have considered these questions, you can make more informed decisions about your benefit choices. If you want to participate in FSAFEDS for upcoming plan coverage year, you must make a new election during this year's Open Season.

If you are satisfied with your FEHB plan and/or FEDVIP plan, you do not have to do anything. Your FEHB and/or FEDVIP enrollment(s) will continue into the next year. If you are not satisfied with your current enrollment status, please visit our [Open Season](#) website or contact your human resources office. **FROM:**

<https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=Open-Season>

Do not rely solely on this fact sheet.

Refer to the individual plan brochures before making your final decision.

## Federal Benefits Working Together

Federal employees have access to these benefits programs:

### Federal Employees Health Benefits (FEHB)

Comprehensive medical insurance. Choose from many plans. Dental and vision benefits may be included.

### Federal Employees Dental and Vision Insurance Program (FEDVIP)

A separate comprehensive insurance program for dental care, vision care, or both.

### Federal Flexible Spending Account (FSAFEDS)

Flexible savings accounts that let you put aside pre-tax dollars each year to pay for eligible health care services and products not covered by your health, dental, or vision insurance. \*Information on a Dependent Care FSA is at [FSAFEDS.gov](https://www.fsa.gov).

### Benefits Programs Working Together

You can select whatever combination of federal benefits programs that best serves your needs. Enroll in one, two, three, or none. It's your choice!

If you enroll in:	Here's how it works:
<b>FEHB + FEDVIP</b>	<ul style="list-style-type: none"> <li>FEHB plan is billed first for eligible expenses</li> <li>FEDVIP is comprehensive insurance that lowers out-of-pocket costs</li> </ul>
<b>FEHB + FSA</b>	<p>Use your FSA to pay for</p> <ul style="list-style-type: none"> <li>eligible FEHB out-of-pocket expenses like copays</li> <li>qualifying medical expenses your FEHB plan may not cover, like hearing aids or chiropractic exams</li> </ul>
<b>FEHB + FEDVIP + FSA</b>	<ul style="list-style-type: none"> <li>FEHB plan is billed first for eligible expenses</li> <li>FEDVIP is second payer for dental/vision costs</li> <li>Use your FSA to pay for eligible out-of-pocket expenses not covered by FEHB or FEDVIP</li> </ul>
<b>FEDVIP + FSA</b>	<ul style="list-style-type: none"> <li>FEDVIP pays for eligible dental/vision expenses</li> <li>Use your FSA to pay for out-of-pocket FEDVIP costs like copays or eligible expenses FEDVIP may not cover</li> </ul>

# Do you know who in your family is eligible for FEHB?



## ELIGIBLE FAMILY MEMBERS

Family members eligible for coverage under your Self +1 or Self and Family enrollment include:

- Your spouse, including a common law spouse only if the marriage was initiated in a state that recognizes such marriages,
- Child under age 26 including
  - • biological child,
  - • stepchild,
  - • adopted child, or
  - • foster child; and
- Child age 26 or older incapable of self-support, if disabling condition began before age 26.

## Spouse

Your spouse is an eligible family member.

You must provide proof that you are legally married to your spouse.

- If you are married less than 12 months, provide a copy of your government-issued marriage certificate.
- If you are married 12 months or more, provide a copy of your government-issued marriage certificate and any **one** of the following sets of documents listing your spouse:
  - Front page of most recent tax year's Federal or State tax return; or
  - Proof of common residency (e.g., utility bill, other household bill, auto registration); **and** proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy).

The [FEHB Family Member Eligibility Factsheet for Spouse\(PDF file\)](#) summarizes the eligibility requirements.



## **Common Law Spouse**

You may cover your common law spouse under the FEHB Program only if your marriage was initiated within a State that recognizes such a marriage. The [National Conference of State Legislatures](#) lists the states that recognize common law marriages. You must provide **all** of the following information:

- A court order or judgment recognizing the marriage; or
- Your declaration indicating:
  - The date on which and the state in which you and your spouse mutually agreed to become married.
  - The length of time you and your spouse have lived together.
  - All address or addresses at which you and your spouse have lived together.
  - Whether you and your spouse have been regarded among neighbors, friends, and relatives as being married spouses.
  - If you or your spouse were previously married, the declaration must indicate date and place of each previous marriage as well as the date, place, and manner of termination (i.e., death, divorce, or annulment).
  - Your signature underneath the following statement:
    - **WARNING:** Any intentionally false statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

In addition to the above, you must provide any **one** of the following documents listing you and your spouse:

- Front page of most recent tax year's Federal or State tax return; or
- Proof of common residency (e.g., utility bill, other household bill, auto registration); **and** proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy).

The [FEHB Family Member Eligibility Factsheet for Common Law Spouse\(PDF file\)](#) summarizes the eligibility requirements.

## **Child under age 26**

Child under age 26 includes your biological child, stepchild, legally adopted child, and foster child.

Your biological child meets the eligibility requirements when you provide a copy of any **one** of the following documents listing you **and** your child:

- Government-issued birth certificate; or
- Certificate of live birth; or
- Front page of the most recent tax year's Federal or State tax return; or
- Consular Report of Birth Abroad; or

- Official paternity test; or
- Voluntary affidavit of paternity or similar document; or
- Court or administrative order (e.g., National Medical Support Notice).

You can establish your relationship with your stepchild by providing a copy of any **one** of the following documents:

- Birth certificate, or final adoption certificate/decreed, listing current spouse as parent; or
- Front page of most recent tax year's Federal or State tax return with child's name; or
- Court or administrative order (e.g., National Medical Support Notice).

Note: If enrolling a stepchild, you must also verify your spouse's eligibility (see above for required documents), even if you are not enrolling your spouse on your FEHB plan.

The [FEHB Family Member Eligibility Factsheet for Child Under Age 26\(PDF file\)](#) summarizes the eligibility requirements.

## **Adopted Child**

A child is considered adopted when the child is placed for adoption with you. In other words, you have assumed legal responsibility for total or partial support of the child in anticipation of adoption.

You must provide a copy of any **one** of the following documents listing you and your child:

- Final adoption certificate or decree; or
- Authorized letter from a placement agency for the purpose of adoption; or
- Front page of most recent tax year's Federal or State tax return with child's name; or
- Court or administrative order (e.g., National Medical Support Notice).

The [FEHB Family Member Eligibility Factsheet for Adopted Child\(PDF file\)](#) summarizes the eligibility requirements.

## **Foster Child**

Your [foster child](#) is eligible for coverage if they meet the following requirements:

- the child must be under age 26 (if the child is age 26 or over, he/she must be incapable of self-support on account of a disabling condition that began before age 26);
- the child must currently live with you;
- the [parent-child relationship](#) must be with you, not the child's biological parent;
- you must currently be the primary source of financial support for the child; and
- you must expect to raise the child to adulthood.

You must submit **all** of the following documents:

- Certification of foster child status that is available in the [FEHB Handbook](#).
- Government-issued birth certificate or other document verifying child's date of birth



- Documentation of regular and substantial support for the child such as:
  - Evidence of eligibility as a dependent child for benefits under other State or Federal programs
  - Proof of inclusion of the child as a dependent on the front page of the enrollee's most recent tax year's Federal or State income tax returns
  - Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child
  - Evidence of goods or services which show regular and substantial contributions of considerable value
  - Any other evidence which OPM, in guidance, deems to be sufficient proof of support
- If applicable, include copy of court order naming employee or spouse as child's legal guardian

The [FEHB Family Member Eligibility Factsheet for Foster Child\(PDF file\)](#) summarizes the eligibility requirements.

## **Child Incapable of Self-Support**

Your child age 26 or over who is [incapable of self-support](#) because of a mental or physical disability that existed before age 26 is also an eligible family member. You must submit a medical certificate stating the child is incapable of self-support because of a physical or mental disability that existed before they became age 26 and is expected to continue for more than one year. Additional information required to be included in the certification can be found in the [FEHB Handbook](#).

The [FEHB Family Member Eligibility Factsheet for Child Incapable of Self-Support\(PDF file\)](#) summarizes the eligibility requirements.

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**Your employing office will review the evidence you provide to determine whether your family member is eligible for coverage.**

**The [FEHB Handbook](#) and [FAQs\(PDF file\)](#) provide additional information about family members' eligibility for coverage.**

## **Ineligible Enrollment Consequences**

"Any intentionally false statement or willful misrepresentation, such as including ineligible family members on health insurance plan, **is a violation of the law** punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001), and may be subject to investigation ."

**From:** <https://www.opm.gov/healthcare-insurance/healthcare/eligibility/#fam>



## Family Member Eligibility Documents

Use the table below to find the document(s) you need to submit to prove the eligibility of the family member(s) covered by your FEHB Program health insurance. You may remove personal financial information and Social Security Numbers before submission. Documents that are not in English must be accompanied by a certified or notarized translation.

Family Member	Acceptable Evidence
Spouse	<ul style="list-style-type: none"> <li>Married less than 12 months: copy of government-issued marriage certificate.</li> <li>Married 12 months or more: copy of government-issued marriage certificate and one of the following sets of documents listing spouse: <ul style="list-style-type: none"> <li>Front page of most recent tax year's Federal or State tax return; or</li> <li>Proof of common residency (e.g., utility bill, other household bill, auto registration); and proof of financial interdependency (e.g., shared bank statement, credit card statement, life or auto insurance policy).</li> </ul> </li> </ul>
Common Law Spouse	<ul style="list-style-type: none"> <li>A court order or judgment from the initiating state recognizing the marriage; or</li> <li>Your signed declaration. <a href="#">Documents for Common Law Marriage</a> details what the declaration should include.</li> </ul> <p>You must also provide one of the following documents that list you and your spouse:</p> <ul style="list-style-type: none"> <li>The first page of your most recent tax return;</li> <li>Proof of common residency and proof of combined finances.</li> </ul>
Child Under Age 26	<p>A copy of one of the following documents that lists you and your child:</p> <ul style="list-style-type: none"> <li>Official birth certificate;</li> <li>Certificate of live birth;</li> <li>The first page of your most recent tax return;</li> <li>Consular Report of Birth Abroad;</li> <li>Official paternity test;</li> <li>Voluntary affidavit of paternity or similar document; or</li> <li>Court or administrative order (for example, a National Medical Support Notice).</li> </ul>
Adopted Child Under Age 26	<p>A copy of one of the following documents that lists you and your child:</p> <ul style="list-style-type: none"> <li>Final adoption certificate or decree;</li> <li>Authorized letter from an adoption placement agency;</li> <li>The first page of your most recent tax return; or</li> <li>Court or administrative order (for example, a National Medical Support Notice).</li> </ul>

Family Member	Acceptable Evidence
Stepchild Under Age 26	<p>A copy of one of the following documents:</p> <ul style="list-style-type: none"> <li>• Birth certificate, or final adoption certificate/decreed, listing current spouse as parent; or</li> <li>• Front page of most recent tax year's Federal or State tax return with child's name; or</li> <li>• Court or administrative order (e.g., National Medical Support Notice).</li> </ul>
Foster Child Under Age 26	<p>All of the following documents:</p> <ul style="list-style-type: none"> <li>• Child's official birth certificate;</li> <li>• <a href="#">Certification of foster child status</a>; and</li> <li>• Documentation that shows you provide regular and significant financial support for the child such as: <ul style="list-style-type: none"> <li>○ State or Federal benefits programs listing the child as your dependent.</li> <li>○ The first page of your most recent tax return listing the child as your dependent.</li> <li>○ Canceled checks, money orders, or receipts for periodic payments from you for or on behalf of your child.</li> </ul> </li> <li>• If applicable, include copy of the court order naming you or your spouse as child's legal guardian</li> </ul>
Child Incapable of Self-Support	<p>Medical certificate stating the child is incapable of self-support because of a physical or mental disability that existed before they became age 26 and is expected to continue for more than one year.</p> <p>See <a href="#">FEHB Handbook</a> for details about what the certification should include.</p>

**MORE Information**  
on FEHB/FEDVIP/FSAFEDS to follow  
**(LATER THIS WEEK)**

**Union Meeting: Wednesday, 20 November 2024**

**10:55 to 12:35 (over both lunch-hours)**

**Building 619 Auditorium** (Mid-PoM)

**Discussion on FEHB Open Season options**

Refreshments will be served.

**AFGE Local 1263**

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and

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***"Together we are stronger"***