

The Federal Employees Health Benefits (FEHB) Program And The Affordable Care Act: The Health Insurance Marketplace

This notice provides new information from the Office of Personnel Management (OPM) regarding the Patient Protection and Affordable Care Act, and the Health Care and Education Reconciliation Act of 2010, Public Law 111-152 (collectively, the Affordable Care Act) which establishes the Health Insurance Marketplace.

The Affordable Care Act requires employers to notify their employees about coverage options available through the Health Insurance Marketplace. This includes the Department of State. You are receiving this notice because it is required by the aforementioned law which makes health insurance mandatory – every employee must have coverage.

The Health Insurance Marketplace does not affect the FEHB Program. If you are covered by a FEHB plan, you meet the requirements of the Affordable Care Act.

You may wish to visit the Health Insurance Marketplace to review other coverage options:

- If you are **not eligible** to enroll in the FEHB Program, **or**
- If you are eligible to enroll but **not enrolled** due to affordability issues or concerns, **or**
- If you are enrolled in the FEHB Program and have **affordability** issues or concerns,

Please be aware that there is **no** Government contribution to the premiums for Health Insurance Marketplace plans. Also, premiums are paid on an after-tax basis for Health Insurance Marketplace plans. You can find the Marketplace at www.healthcare.gov.

The notice entitled “New Health Insurance Marketplace Coverage Options and Your Health Coverage” provides general information about the new Health Insurance Marketplace. Click on the following link at www.opm.gov/retirement-services/publications-forms/benefits-administration-letters/2013/13-206a1.pdf.

The Affordable Care Act establishes a minimum value standard of benefits for employer-sponsored health plans. All health plans in the FEHB Program are eligible employer-sponsored health plans. The health coverage of all of the plans in the FEHB Program meets the Affordable Care Act’s minimum value standard for the benefits that each FEHB plan provides.

As a comparison point, the actuarial value of most FEHB plans meets or exceeds the actuarial value of the silver plan in the Health Insurance Marketplace.

If you are a Federal employee who is eligible to enroll in the FEHB Program but you do not enroll or if you cancel your FEHB enrollment, you should be aware of the consequences of such actions including, but not limited to, the following:

- If you die, your survivors will not be eligible for FEHB coverage, even if they are eligible for a survivor annuity.
- If you retire, you will not be able to continue FEHB enrollment into retirement. Also, to be eligible to continue FEHB coverage after retirement, a retiring employee must be enrolled or covered under the FEHB Program for the 5 years of service immediately before retirement, or, if less than 5 years, for all service since the first opportunity to enroll. An employee can count his/her coverage under TRICARE toward meeting this requirement. However, the employee must be enrolled in an FEHB health plan on the date of retirement to continue coverage.

The Health Care Reform FEHB FastFacts entitled “How Does the Affordable Care Act’s Individual Shared Responsibility Provision and the Requirement to Maintain Minimum Essential Coverage AFFECT Me?” is available at OPM’s website at www.opm.gov/retirement-services/publications-forms/benefits-administration-letters/2013/13-205attachment1.pdf.

For more information about your FEHB health insurance coverage, contact the HR Service Center at HRSC@state.gov or via telephone at 1-866-300-7419.