

Dear Federal Employees:

The Patient Protection and Affordable Care Act, Public Law 111-148 and the Health Care and Education Reconciliation Act of 2010, Public Law 111-152 (collectively, the Affordable Care Act) establishes the Health Insurance Marketplace under Section 1311(b).

Section 1512 of the Affordable Care Act created a new Fair Labor Standards Act (FLSA) section 18B requiring a notice from employers to their employees about coverage options available through the Health Insurance Marketplace. This includes your Federal agency employing office. You are receiving this notice from your employing office because it is required by the aforementioned law.

The Health Insurance Marketplace does not affect the FEHB Program.

If you are ineligible to enroll in the FEHB Program or if you are eligible to enroll in the FEHB Program but you are not enrolled due to affordability issues or concerns or if you are enrolled in the FEHB Program and have affordability issues or concerns, then you may wish to visit the health insurance marketplace to review marketplace coverage options at www.healthcare.gov. Please be aware that there is no government or employer contribution to the premiums for Health Insurance Marketplace plans. Also, premiums are paid on an after-tax basis for Health Insurance Marketplace plans.

The attached notice entitled “New Health Insurance Marketplace Coverage Options and Your Health Coverage” provides general information about the new Health Insurance Marketplace.

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. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. Therefore, the minimum value standard is 60% (actuarial value). The health coverage of all 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 the following but not limited to:

- If you die, you will not have an FEHB Self and Family enrollment for your survivors to continue, even if they are eligible for a survivor annuity.
- If you retire, you will not have an FEHB enrollment to continue 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 five years of service immediately before retirement, or, if less than five years, for all service since the first opportunity to enroll. Employees can count their 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.

For more information about your FEHB health insurance coverage, please visit www.opm.gov/insure or contact your human resources office. If your office does not have human resources office and you do not know who to contact, please go to <http://apps.opm.gov/abo/> where you will find a list of agencies and their Headquarters Benefits Officers.