

FEHB Coverage Guidelines for Separations

The FEHB Coverage Code identifies the employee’s eligibility for participation in the Federal Employee’s Health Benefits Program (FEHB), and when eligible, whether the employee is participating.

Code	Definition	When to Use
1	Enrolled	System-generated after the FEHB document is processed and cannot be entered on a personnel action. Do not attempt to enter Code 1 even when it is known at the time of the accession that the employee will participate in the Federal FEHB program.
2	Ineligible	Employee is excluded from Federal FEHB and FSA coverage by law or regulations but eligible for non-Federal benefits.
3	Waived	Employee transferred into the department or is reemployed without a break in service of more than 3 days and has waived coverage under prior Federal employment.
4	Eligible Pending	Employee is eligible to participate in Federal FEHB and FSA but has not enrolled. When the FEHB document enrolling the employee in FEHB is processed the FEHB Coverage Code changes to “1” except when the FEHB document and the accession personnel action are processed in the same pay period. In that case the “4” does not change to “1.” FEHB deductions begin during the pay period in which the SF-2809 or SF-2810 is processed and applied to the database.
5	Canceled	Employee transferred into the department or is reemployed without a break in service of more than 3 days and has canceled coverage under prior Federal employment.
6	Court Order - Enrolled	Employee required by a court or administrative order to provide health benefits coverage for one or more children is enrolled in an appropriate plan. System-generated after the FEHB document and NOA 916 are processed.
7	Court Order - Eligible Pending Family Coverage	Employee is enrolled in Family coverage and is required by a court or administrative order to provide health benefits coverage for one or more children. NOA 916 must be processed to “lock” the benefits so they cannot change.
8	Court Order - Self-Only - Pending Family Coverage	Employee is enrolled in Self Only coverage and is required by a court or administrative order to provide health benefits coverage for one or more children and employee has until the end of the pay period following the one in which notice is given to make a change

NFC Processing Tips

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		from <i>self only</i> to <i>self and family</i> coverage. When the employee does not make a change to <i>self and family</i> coverage, the agency personnel office must enroll the employee in the <i>Basic Option</i> of the Blue Cross/Blue Shield Service Benefit Plan (<i>Enrollment Code 112, Self and Family</i>). The effective date of coverage is the first day of the pay period following the one in which the SF-2809 is completed or the effective date as stated on the court or administrative order. NOA 916 must be processed to “lock” the benefits so they cannot change.
9	Termination	A termination is an action taken by the agency and is not considered a cancellation. NOAC 915 is required to change the code to another value after 60 days.

It is imperative that the codes are current as Federal and non-Federal benefits are allowed/disallowed based on this data element. For example, employees ineligible for FEHB are also ineligible for FSA. When an employee is coded as Eligible Pending (4) instead of Ineligible (2) the system edits do not stop enrollment in FSA.

Culprit Report P0059 and several Reporting Center reports are available to the personnel offices. These reports identify all employees coded as Eligible Pending (4). Agency personnel offices should run these reports on a biweekly basis to locate the employees who exceed the OPM guidelines for FEHB enrollment. The code should be changed to an appropriate code that reflects the status of the employee’s enrollment, waiver, or cancellation.