

§ 891.501

5 CFR Ch. I (1–1–21 Edition)

**Subpart E—Standards for Uniform Plan and Carrier**

**§ 891.501 Standards for uniform plan.**

The uniform plan shall be open to all eligible retired employees and members of their families, without regard to race, sex, health status, or age. It shall not deny or limit benefits because of any preexisting condition. It shall offer basic plus major medical coverage. It shall provide a 31-day extension of coverage on termination of subscription other than by change of election or termination of the contract. A person confined in hospital for care or treatment on the 31st day of the extension of coverage shall be entitled to continuation of the benefits of the contract during the continuance of the confinement, but not beyond the 60th day following the end of the extension of coverage. The uniform plan shall be experience-rated.

[33 FR 12516, Sept. 4, 1968, as amended at 43 FR 35018, Aug. 8, 1978]

**§ 891.502 Standards for carrier of uniform plan.**

In the most recent year for which data are available, the carrier of the uniform plan shall have made at least 1 percent of all group health insurance benefit payments in the United States. If the carrier is an insurance company, it must be licensed to issue group health insurance in all the States of the United States and the District of Columbia.

**PART 892—FEDERAL FLEXIBLE BENEFITS PLAN: PRE-TAX PAYMENT OF HEALTH BENEFITS PREMIUMS**

**Subpart A—Administration and General Provisions**

Sec.

892.101 Definitions

892.102 What is premium conversion and how does it work?

892.103 What can I do if I disagree with my agency's decision about my pre-or post-tax election?

**Subpart B—Eligibility and Participation**

892.201 Who is covered by the premium conversion plan?

892.202 Are retirees eligible for the premium conversion plan?

892.203 When will my premium conversion begin?

892.204 How do I waive participation in premium conversion before the benefit first becomes effective?

892.205 May I waive participation in premium conversion after the initial implementation?

892.206 Can I cancel my waiver and participate in premium conversion?

892.207 Can I make changes to my FEHB enrollment while I am participating in premium conversion?

892.208 Can I decrease my enrollment type at any time?

892.209 Can I cancel FEHB coverage at any time?

892.210 Does premium conversion change the effective date of an FEHB enrollment, change in enrollment, or cancellation of enrollment?

892.211 What options are available to me if I go on a period of leave without pay (LWOP) or other types of non-pay status?

**Subpart C—Contributions and Withholdings**

892.301 How do I pay my premium?

892.302 Will the Government contribution continue?

892.303 Can I pay my premiums directly by check under the premium conversion plan?

**Subpart D—Reemployed Annuitants and Survivor Annuitants**

892.401 Am I eligible for premium conversion if I retire and then come back to work for the Federal Government?

892.402 I am a survivor annuitant as well as an active Federal employee; am I eligible for premium conversion?

AUTHORITY: 5 U.S.C. 8913; 5 U.S.C. 1103(a)(7); 26 U.S.C. 125.

SOURCE: 65 FR 44646, July 19, 2000, unless otherwise noted.

**Subpart A—Administration and General Provisions**

**§ 892.101 Definitions.**

*Days* mean calendar days.

*Dependent* means a family member who is both eligible for coverage under the FEHB Program and either a dependent as defined in section 152 of the Internal Revenue Code or a child as defined in section 152(f)(1) of the Internal Revenue Code who is under age 27 as of the end of the employee's taxable year.