

**§ 8957. Coverage of restored survivor or disability annuitants**

A surviving spouse, disability annuitant, or surviving child whose annuity is terminated and is later restored, may continue enrollment in a dental benefits plan subject to the terms and conditions prescribed in regulations issued by the Office.

(Added Pub. L. 108-496, § 2, Dec. 23, 2004, 118 Stat. 4004.)

**Statutory Notes and Related Subsidiaries****EFFECTIVE DATE**

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108-496, set out as a note under section 8951 of this title.

**§ 8958. Premiums**

(a) Each eligible individual obtaining supplemental dental coverage under this chapter shall be responsible for 100 percent of the premiums for such coverage.

(b) The Office shall prescribe regulations specifying the terms and conditions under which individuals are required to pay the premiums for enrollment.

(c) The amount necessary to pay the premiums for enrollment may—

(1) in the case of an employee, be withheld from the pay of such an employee;

(2) in the case of an annuitant, be withheld from the annuity of such an annuitant;

(3) in the case of a covered TRICARE-eligible individual who receives pay from the Federal Government or an annuity from the Federal Government due to the death of a member of the uniformed services (as defined in section 101 of title 10), and is not a former spouse of a member of the uniformed services, be withheld from—

(A) the pay (including retired pay) of such individual; or

(B) the annuity paid to such individual; or

(4) in the case of a covered TRICARE-eligible individual who is not described in paragraph (3), be billed to such individual directly.

(d) All amounts withheld under this section shall be paid directly to the qualified company.

(e) Each participating qualified company shall maintain accounting records that contain such information and reports as the Office may require.

(f)(1) The Employee Health Benefits Fund is available, without fiscal year limitation, for reasonable expenses incurred by the Office in administering this chapter before the first day of the first contract period, including reasonable implementation costs.

(2)(A) There is established in the Employees Health Benefits Fund a Dental Benefits Administrative Account, which shall be available to the Office, without fiscal year limitation, to defray reasonable expenses incurred by the Office in administering this chapter after the start of the first contract year.

(B) A contract under this chapter shall include appropriate provisions under which the qualified

company involved shall, during each year, make such periodic contributions to the Dental Benefits Administrative Account as necessary to ensure that the reasonable anticipated expenses of the Office in administering this chapter during such year are defrayed.

(Added Pub. L. 108-496, § 2, Dec. 23, 2004, 118 Stat. 4004; amended Pub. L. 114-328, div. A, title VII, § 715(b)(1), Dec. 23, 2016, 130 Stat. 2222.)

**Editorial Notes****AMENDMENTS**

2016—Subsec. (c)(3), (4). Pub. L. 114-328 added pars. (3) and (4).

**Statutory Notes and Related Subsidiaries****EFFECTIVE DATE OF 2016 AMENDMENT**

Amendment by Pub. L. 114-328 applicable with respect to the first contract year for chapter 89A or 89B of this title, as applicable, that begins on or after Jan. 1, 2018, see section 715(c) of Pub. L. 114-328, set out as a note under section 8951 of this title.

**EFFECTIVE DATE**

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108-496, set out as a note under section 8951 of this title.

**§ 8959. Preemption**

The terms of any contract that relate to the nature, provision, or extent of coverage or benefits (including payments with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relates to dental benefits, insurance, plans, or contracts.

(Added Pub. L. 108-496, § 2, Dec. 23, 2004, 118 Stat. 4005.)

**Statutory Notes and Related Subsidiaries****EFFECTIVE DATE**

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108-496, set out as a note under section 8951 of this title.

**§ 8960. Studies, reports, and audits**

(a) Each contract shall contain provisions requiring the qualified company to—

(1) furnish such reasonable reports as the Office determines to be necessary to enable it to carry out its functions under this chapter; and

(2) permit the Office and representatives of the Government Accountability Office to examine such records of the qualified company as may be necessary to carry out the purposes of this chapter.

(b) Each Federal agency shall keep such records, make such certifications, and furnish the Office, the qualified company, or both, with such information and reports as the Office may require.

(c) The Office shall conduct periodic reviews of plans under this chapter, including a comparison of the dental benefits available under chapter 89, to ensure the competitiveness of plans under this chapter. The Office shall cooperate

with the Government Accountability Office to provide periodic evaluations of the program.

(Added Pub. L. 108–496, § 2, Dec. 23, 2004, 118 Stat. 4005.)

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108–496, set out as a note under section 8951 of this title.

#### § 8961. Jurisdiction of courts

The district courts of the United States have original jurisdiction, concurrent with the United States Court of Federal Claims, of a civil action or claim against the United States under this chapter after such administrative remedies as required under section 8953(d) have been exhausted, but only to the extent judicial review is not precluded by any dispute resolution or other remedy under this chapter.

(Added Pub. L. 108–496, § 2, Dec. 23, 2004, 118 Stat. 4005.)

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108–496, set out as a note under section 8951 of this title.

#### § 8962. Administrative functions

(a) The Office shall prescribe regulations to carry out this chapter. The regulations may exclude an employee on the basis of the nature and type of employment or conditions pertaining to it.

(b) The Office shall, as appropriate, provide for coordinated enrollment, promotion, and education efforts as appropriate in consultation with each qualified company. The information under this subsection shall include information relating to the dental benefits available under chapter 89, including the advantages and disadvantages of obtaining additional coverage under this chapter.

(Added Pub. L. 108–496, § 2, Dec. 23, 2004, 118 Stat. 4006.)

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108–496, set out as a note under section 8951 of this title.

### CHAPTER 89B—ENHANCED VISION BENEFITS

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#### § 8981. Definitions

In this chapter:

(1) The term “employee” means an employee defined under section 8901(1) and an employee of the District of Columbia courts.

(2) The terms “annuitant”, “member of family”, and “dependent” have the meanings as such terms are defined under paragraphs (3), (5), and (9), respectively, of section 8901.

(3) The term “eligible individual” refers to an individual described in paragraph (1), (2), or (8), without regard to whether the individual is enrolled in a health benefits plan under chapter 89.

(4) The term “Office” means the Office of Personnel Management.

(5) The term “qualified company” means a company (or consortium of companies or an employee organization defined under section 8901(8)) that offers indemnity, preferred provider organization, health maintenance organization, or discount vision programs and if required is licensed to issue applicable coverage in any number of States, taking any subsidiaries of such a company into account (and, in the case of a consortium, considering the member companies and any subsidiaries thereof, collectively).

(6) The term “employee organization” means an association or other organization of employees which is national in scope, or in which membership is open to all employees of a Government agency who are eligible to enroll in a health benefits plan under chapter 89.

(7) The term “State” includes the District of Columbia.

(8)(A) The term “covered TRICARE-eligible individual”—

(i) means an individual entitled to medical care under chapter 55 of title 10, pursuant to section 1076d, 1076e, 1079(a), 1086(c), or 1086(d) of such title, who the Secretary of Defense determines in accordance with an agreement entered into under subparagraph (B) should be an eligible individual for purposes of this chapter; and

(ii) does not include an individual covered under section 1110b of title 10.

(B) The Secretary of Defense shall enter into an agreement with the Director of the Office relating to classes of individuals described in subparagraph (A)(i) who should be eligible individuals for purposes of this chapter.

(Added Pub. L. 108–496, § 3, Dec. 23, 2004, 118 Stat. 4006; amended Pub. L. 109–356, title I, § 117(a)(2), Oct. 16, 2006, 120 Stat. 2027; Pub. L. 114–328, div. A, title VII, § 715(a)(2), Dec. 23, 2016, 130 Stat. 2221.)

#### Editorial Notes

##### AMENDMENTS

2016—Par. (3). Pub. L. 114–328, § 715(a)(2)(A), substituted “paragraph (1), (2), or (8)” for “paragraph (1) or (2)”.