

Nashville District Human Resources Newsletter "News You Can Use"

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The purpose of this newsletter is to keep Nashville District employees informed about personnel issues, concerns, and topics. You are encouraged to review the information and disseminate to your organization. If there are particular areas of interest that you would like to see addressed in future issues, an article of general interest, or general comments, please contact John Restey at 615-736-5538 or John.G.Restey@lrn02.usace.army.mil.

Coming Events:

TSP OPEN SEASON: April 15-June 30 2004

Health and Benefits:

DID YOU KNOW??

Health Benefits

Federal employees may cover a legally adopted child or a foster child under their Federal Employees Health Benefits (FEHB) family enrollment upon showing proof of the child's eligibility as a family member. The child must be single, under the age of 22, and financially dependent on the employee. **Proof of adoption or foster child status must be provided by the employee.**

Following are some questions and answers regarding health benefits.

Do adopted and foster children receive the same health coverage as the Federal employee?

The child receives the same health benefits coverage that is available to the Federal employee and all other family members. There are no exclusions or waiting periods because of preexisting medical conditions.

A child who meets the definition of "member of family" under the Federal Employees Health Benefits (FEHB) law receives coverage regardless of whether he or she has coverage under Medicaid.

Where do I apply for coverage for my adopted or foster child?

You must apply at your employing office. The employing office makes the determination whether the child meets the requirements for an adopted or foster child based on documents you provide.

What proof must I provide for an adopted child?

You must provide the final decree papers.

What are the requirements for covering foster children?

The child must be living with you, you must be raising the child as your own, and you must have assumed full parental responsibility and control of the child. There must be an expectation that you will continue to raise the child into adulthood. A child living with you under a pre-adoption agreement may qualify as a foster child.

Under the Federal Employees Health Benefits (FEHB) law, a foster child is an unmarried dependent child under 22 years of age who lives with you in a regular parent-child relationship; not a child who is temporarily living with you nor one who is placed in your home by a welfare or social service agency which retains control of the child and pays for maintenance.

Must I obtain a court order for custody in order to cover my foster child on my health benefits enrollment?

A court order for *permanent* custody is acceptable as proof of dependency, but is not necessarily required.

However, a court order for temporary custody or a Power of Attorney is not acceptable proof for health benefits enrollment. Other acceptable proof of foster child status are:

- evidence that the child has been included as a dependent on your tax returns for previous years;
- canceled checks, money orders, or receipts for periodic payments received from you for or on behalf of the child;
- evidence of goods or services which show regular or substantial contributions of considerable value; and
- sworn affidavits from people unrelated to you that the child lives in your home.

The employing office will ultimately make the final decision as to what proof is acceptable in an individual case.

When does health coverage for an adopted or a foster child begin?

Coverage for an adopted child begins the day the adoption decree is final. Coverage for a foster child begins the first day of the pay period in which the employing office receives all properly completed documents necessary to establish eligibility of the child as a foster child.

I will be traveling overseas to pick up a child who I am adopting and will be staying three to four weeks to ensure the paperwork goes through. Since the child might qualify only as a foster child prior to final adoption, how will she meet the "living with" requirement when she is not at my home back in the States?

It is true a child is not considered adopted until the adoption is final. Nevertheless, the child would meet the foster child requirement even though the child is not technically residing with you at your permanent home. The effective date would be the first day of the pay period in which you begin living with the child overseas.

When does an adopted or foster child's health benefits coverage stop?

Health benefits stop when the child reaches the age of 22, marries, or is no longer dependent on the employee. Health benefits can continue after age 22 if the person is incapable of self-support because of a disability incurred before age

22. Contact your employing official for information on how to continue coverage in such cases.

Would my adopted or foster child qualify for continued health benefits under the temporary continuation of coverage (TCC) provisions of the Federal Employees Health Benefits (FEHB) law?

The TCC provisions allow children who no longer qualify as a dependent child (e.g., child reaches age 22, marries before age 22, no longer lives with the employee) to continue their FEHB coverage for up to 36 months. The child is enrolled in his or her own right and pays both the employee and the Government's share of the premium, plus an additional 2% administrative cost. You should notify your employing office within 60 days after the child no longer qualifies for coverage as a family member.

A child who loses FEHB coverage for any reason other than by cancellation has a 31-day temporary extension of coverage, at no cost, for the purpose of converting to a non-group contract with his or her current health benefits plan. To convert the child's coverage to a non-group plan, you or your child must apply directly to the health benefits plan within 31 days after the child's eligibility ends. For further information on health benefits, contact ABC-C at <https://www.abc.army.mil> or 1-877-276-9287.

The article above is available in its entirety at www.opm.gov.

**ATTENTION FEDERAL EMPLOYEES COVERED BY
BLUE CROSS/BLUE SHIELD INSURANCE**

Below is a press release issued by HCA'S MidAmerica Division and provided to this office by Blue Cross. It is for your information only. Any agreement would be a private agreement strictly between HCA and the employee. Neither Blue Cross nor the federal government would be liable for no covered costs.

CAUTION: Blue Cross has a fee schedule agreement with their preferred network providers. Blue Cross first applies this fee schedule to all medical costs submitted, in many cases reducing them substantially. Then Blue Cross pays their portion and identifies the cost to the employee.

Be sure that if you enter into an agreement with HCA you understand if the fee schedule reduction would included in the waiver. It is important to understand HCA's policy

PRIOR to having the services provided. Blue Cross recommends contacting the appropriate financial department in the hospital in which you plan to have the services to clarify any financial issues concerning utilization of a non- network facility.

TO verify if a facility or physician is part of the preferred network, you may contact Blue Cross at 1-800-572-1003.

NOTE: Standard Option Blue Cross allows for out-of-network benefits; Basic Option does NOT.

HCA PRESS RELEASE

“HCA TO CONTINUE WAIVING OUT OF NETWORK PENALTIES”

“NASHVILLE, Tenn, Date December 11, 2003- HCA’s MidAmerica Division announced today its 13 Tennessee hospitals will continue to waive all out -of- network penalties to patients covered by Blue Cross through December 31, 2004.

Throughout 2003, we have been concerned about our patients’ access to affordable, quality healthcare close to home. With the onset of a bad flu season developing, it would be irresponsible to reduce bed availability in the marketplace. We want to make sure that all patients’ have access to care,” said Paul Rutledge, president of HCA’s MidAmerica Division.

The waiver covers patients who have a Blue Cross plan that allows for out of network benefits.

Just as in 2003, patients with the BlueCross Medicare Select, Blue 65, or a Meidcare supplement insurance plan can continue to use HCA services without a reduction in the benefits or at any additional cost to the patient.

The following HCA hospitals in Tennessee are included in the arrangement:

Centennial Medical Center-Nashville
Centennial Medical Center at Ashland City-Ashland City
East Ridge Hospital-Chattanooga
Grandview Medical Center-Jasper
Hendersonville Medical Center-Hendersonville
Horizon Medical Center-Dickson
Parkridge Medical Center-Chattanooga
River Park Hospital – McMinnville
Skyline Medical Center-Nashville
Southern Hills Medical Center-Nashville
StoneCrest Medical Center-Smyrna
Summit Medical Center-Hermitage
Women’s Hospital at Centennial-Nashville “

Food For Thought:

He who throws dirt, loses ground.