

## Important Health Insurance Notice to All Senate Employees

It is imperative that you read this notice in its entirety.

Section 1312 of the Patient Protection and Affordable Care Act (ACA) contains a provision that affects the eligibility of certain Senate employees to participate in the traditional Federal Employees Health Benefits (FEHB) Program plans. The Office of Personnel Management (OPM) has issued regulations to implement this requirement and establish procedures for the enrollment of those employees in health insurance plans through the District of Columbia's "DC Health Link" Small Business Market (the third party provider facilitating access to health care insurance plans) under the ACA. **You should remain attentive to further communications about implementation of this ACA provision and not rely on this notice alone.**

OPM's Regulations state that:

"individual Members or their designees are in the best position to determine which staff work in the official office of each Member. Accordingly, OPM will leave those determinations to the Members or their designees . . . . Nothing in this regulation limits a Member's authority to delegate to the House or Senate Administrative Offices the Member's decision about the proper designation of his or her staff."

OPM has stated that the designation of whether an employee is part of a Member's "official office" is ultimately determined by the Member, unless the Member delegates that designation to the Secretary of the Senate. The Senate Disbursing Office has provided each Member with a form to make "official office" designations regarding personal, committee, and leadership staff. The Disbursing Office will confirm your individual designation status after October 31, 2013 by mail.

**If a Senate employee is not eligible for the traditional FEHB plans, but is eligible for coverage through DC Health Link, and wishes to elect employer-sponsored health insurance, he or she should enroll via DC Health Link during the Federal Open Enrollment period between November 11, and December 9, 2013.** Nothing in the law prohibits your enrollment in a plan offered through your state individual marketplace or any other health insurance plan; however, **failure to elect coverage via DC Health Link will preclude your eligibility for the Senate's employer premium contribution and the ability to have your premiums withheld on a pre-tax basis. In addition, you may negate your ability to maintain FEHB coverage as a federal retiree.**

If you are currently enrolled in traditional FEHB and it is determined that you are now eligible for DC Health Link, your traditional FEHB coverage will be terminated on December 31, 2013. The coverage you elect via DC Health Link, during the Federal Benefits Open Enrollment period, will begin on January 1, 2014. Once again, if you do not elect via DC Health Link, you will not have Senate employer-sponsored coverage in 2014.

Regardless of whether you are eligible for the Senate's employer-sponsored health insurance coverage under traditional FEHB or via DC Health Link, the following will apply:

- You will be eligible to elect comprehensive health insurance coverage for yourself and your eligible family members.
- You will have a choice of coverage plans provided by national health insurance companies with extensive provider networks.
- Whether you reside in the DC Metro area or elsewhere in the country, you will be eligible to have health care providers in the area where you reside.
- There are no exclusions for pre-existing conditions.
- Your share of the premiums will be withheld from Senate pay on a pre-tax basis.
- The Senate will continue to make an Agency Contribution to your health insurance coverage.
- You will have the ability to continue FEHB coverage into federal retirement if you meet the criteria to do so. (Both traditional FEHB coverage and employer sponsored DC Health Link coverage will be used to determine continuous enrollment.)
- The time frame during which you are eligible to make your annual 2014 health insurance election will be during the Federal Benefits Open Enrollment period from November 11 – December 9, 2013. (Just as in prior years, access to the specific health insurance costs and coverages will not be made available until the start of the Open Enrollment period.)
- You will retain your eligibility to participate in the federal programs: FEDVIP, FSA, and LTC.

Where both traditional FEHB and DC Health Link provide comprehensive health insurance coverage options, there are some differences between the programs:

- Traditional FEHB elections are made through the Senate. DC Health Link elections are made online through a third-party vendor.
- Traditional FEHB rates are defined by plan: there is a "self-only" rate and a "self-and-family" rate. DC Health Link rates are determined based on the ages of those being covered, the number of people being covered, and certain coverage levels that you choose (i.e., deductible amount).
- Outside of an Open Enrollment period, traditional FEHB-eligible employees have 60-days to elect coverage based on hire or a qualifying life event. DC Health Link-eligible employees have 30 days.
- Outside of an Open Enrollment period, FEHB elections are effective the first of the month after receipt. DC Health Link elections are effective the first of the month after hire or event. (Note that birth elections under both are retroactive.)
- Outside of an Open Enrollment period, additions of new family members to an existing FEHB Self-and-Family enrollment does not change the coverage and only requires notification to the carrier of the new member(s). Additions of new family members to an existing DC Health Link enrollment requires a new election for the new member(s) within 30 days of the event and may affect your premiums.

Note that employees who are NOT eligible for FEHB or DC Health Link coverage through their Senate employment (i.e., Temporary Excluded employees) and any family members you have who do not meet the definition of an 'eligible family member' for FEHB purposes may wish to enroll in health coverage via their state's Health Insurance Marketplace for Individuals beginning October 1, 2013 if they are not otherwise covered.

It is important to note that there may be tax penalties for electing not to carry health insurance. If that is an option you wish to pursue, we would ask you to contact your tax advisor for further information.

As soon as we have additional information, we will provide that to you. In the interim, you are welcome to call the Senate Disbursing Office at 202-224-3207 with any questions.

## 2014 ANNUAL DESIGNATION OF "OFFICIAL OFFICE" STAFF (FOR PURPOSES OF SECTION 1312 OF THE AFFORDABLE CARE ACT)

Section 1312 of the Patient Protection and Affordable Care Act (ACA) contains a provision that affects the eligibility of certain Senate employees to participate in the traditional Federal Employees Health Benefits (FEHB) Program plans. This provision states that the Federal Government may make available to congressional staff, who are employed by the "official office" of a Member of Congress, only health plans that are created under the ACA or through an exchange established under the Act. The Office of Personnel Management (OPM) has issued regulations to implement this requirement and establish procedures for the enrollment of those employees in health insurance plans through the District of Columbia's "DC Health Link" Small Business Market under the ACA.

OPM's Regulations state that:

"individual Members or their designees are in the best position to determine which staff work in the "official office" of each Member. Accordingly, OPM will leave those determinations to the Members or their designees and will not interfere in the process by which a Member of Congress may work with the House and Senate Administrative Offices to determine which of their staff are eligible for a Government contribution towards a health benefit plan purchased through [a] . . . Small Business Options Program . . . . Nothing in this Regulation limits a Member's authority to delegate to the House or Senate Administrative Offices the Member's decision about the proper designation of his or her staff."

**In accordance with OPM's regulation, a Member may make "official office" designations to the Senate Disbursing Office, unless the Member delegates that designation authority to the Secretary of the Senate.** The Office of the Secretary of the Senate is the Senate administrative office that facilitates employee participation in benefit programs administered by OPM. The Secretary will, upon the request of the Member, provide assistance to make their designation or delegation decisions. If such delegation were to occur, the Secretary would designate as follows:

- Employees whose salaries are paid through the Senator's Official Personnel and Office Expense Account (SOPOEA) (employees of a Senator's personal office), as of October 15, 2013, will be designated as a Member's "official office" staff. This means that if such employees wanted employer-sponsored health insurance, those employees would only be able to select coverage through the DC Health Link.
- Employees whose salaries **are not** paid through the SOPOEA (employees who are not employed in a Senator's personal office), as of October 15, 2013, will NOT be designated as a Member's "official office" staff. This means that if such employees wanted employer-sponsored health insurance, those employees would only be able to select coverage through FEHB.

Based on the timing of the Open Enrollment period for both traditional FEHB and DC Health Link, and the importance of notifying staff of their health insurance options, **the Senate Disbursing Office can only honor designations received by close of business October 25, 2013.**

**This Annual Designation form is being provided to you so you may make "official office" designations at this time.**

**2014 ANNUAL DESIGNATION OF "OFFICIAL OFFICE" STAFF**  
(FOR PURPOSES OF SECTION 1312 OF THE AFFORDABLE CARE ACT)

I understand that the following will be applicable for the 2014 enrollment year:

- Individuals who are being paid through SOPOEA as of October 15, 2013 are deemed to be employees of my "official office" and therefore subject to Section 1312 of the Affordable Care Act for calendar year 2014, unless they are otherwise timely designated on this form as employees who are NOT employees of my "official office."
- Individuals who are being paid by Committee or Leadership funds as of October 15, 2013 will NOT be deemed to be employees of my "official office", unless they are otherwise timely designated on this form as employees of my "official office."

Further, I understand that **this designation must be received and certified by the Disbursing Office NO LATER THAN close of business OCTOBER 25, 2013.** Non-receipt will serve as designation that all Personal Office staff and ONLY Personal Office staff, whose salaries are being paid through SOPOEA as of October 15, 2013, will be deemed to be my "official office" staff.

I hereby certify that the employees named below, employed on my Personal Office payroll as of October 15, 2013, ARE NOT EMPLOYEES OF MY "OFFICIAL OFFICE."

Employee Name:

EID:

_____	_____
_____	_____

If additional space is required, please attach a separate sheet and mark the box:

I hereby certify that the employees named below, employed on my Leadership or Committee payroll, as of October 15, 2013, ARE EMPLOYEES OF MY "OFFICIAL OFFICE".

Employee Name:

EID:

_____	_____
_____	_____

If additional space is required, please attach a separate sheet and mark the box:

Authorized Signature:

\_\_\_\_\_  
United States Senator

\_\_\_\_\_  
Date

**FOR USE BY DISBURSING OFFICE STAFF ONLY:**

Date Received	DO Certification	EBS	EBS