Incoming Clerks – Benefits

Table of Contents

When do my benefits become active?	1
How does the transition between my current health insurance and my federal benefits work?	2
General Benefits Information:	2
Definitions:	2
Am I eligible for federal retirement benefits?	3
New employees – Specific Benefits Information:	3
Federal Employee Health Benefits (FEHB)	3
Supplemental Dental/Vision Coverage	3
Health Care Flexible Spending Account (FSA)	4
Dependent Care FSA	4
Commuter FSA	4
Life insurance – Federal Employees Group Life Insurance	5
Long-Term Care Insurance	5
Short and Long-Term Disability	5
myRa – The Treasury Department's Answer for Employees who Aren't Eligible for Employer-Sponsored Retirement Savings Plans	5
Benefits for Transfers into the USDC - MD from other Courts or Federal Agencies	5
Benefits FAQs – Incoming employees:	6
My health insurance is effective already, but I don't see any payroll deductions	
Can I change my benefits?	6
Do I have to make changes during open season?	7

When do my benefits become active?

Your benefits become active on the first day of the pay period after which you submit your paperwork or enroll electronically. If you bring your health insurance enrollment paperwork with you on your first day, your health insurance will begin at the start of the next pay period.

How does the transition between my current health insurance and my federal benefits work?

If your previous coverage terminates before you start with the courts (which you should verify), then you should have the option to elect COBRA/Temporary Continuation of Care (TCC). This coverage allows you to keep the employee level of benefit coverage, but costs 102% of the total plan premium (your share + your employer's share + a 2% administrative fee). You have 60 days after the termination of your benefits to enroll in COBRA/TCC and it is retroactive to the date that you lost coverage. This means that, should you end up needing medical coverage during your gap in coverage, you can enroll in a month of COBRA and be covered for any surprise medical bills during that period but if you end up not needing coverage during that time, then you can simply not enroll and save the money. Having a gap in coverage does not affect your eligibility for federal health coverage. You may also be eligible to for coverage through the Health Insurance Marketplace if this "life change" qualifies you for a Special Enrollment Period.

General Benefits Information:

Definitions:

- FEHB Federal Employee Health Benefits; health insurance for federal employees, must opt-in
- **FEDVIP** Federal Employee Dental and Vision Insurance Program; optional supplemental dental and vision coverage for federal employees, must opt-in
- NCBC Optional supplemental dental and/or vision coverage provided by the National Conference of Bankruptcy Clerks for all Federal Judiciary employees
- **FSA** Flexible spending account
- **Health care FSA** Allows for the reimbursement of employees for eligible health care expenses using tax-free money you set aside from your salary (deducted pre-tax and reimbursed without taxation); must opt-in every year
- **Dependent care FSA** Reimburses eligible non-medical day care and elder care for your children under age 13 and any dependents on your Federal tax return who are incapable of self-care and live with you for at least half of the year; must opt-in every year
- **Health care FSA** Reimburses eligible health care expenses incurred by you, a spouse and/or children through the calendar year they turn 26. Reimburses the part of the expense NOT covered or reimbursed by FEHB, FEDVIP, or any other insurance coverage
- **Commuter Parking FSA** Reimburses eligible parking expenses incurred by employees. Spouses and/or children are excluded from this plan
- Qualifying Life Event (QLE) Events deemed acceptable by the IRS that may allow participants in certain benfits (FEHB, FEDVIP, FSA, FEGLI) to change their participation election outside of an open season. They are defined as:
 - Being newly eligible for coverage
 - Change in family status resulting in an increase or decrease of eligible dependents (marriage, divorce, birth/adoption of a child, or a child turns 26)
 - Change in employment status resulting in entitlement to coverage
 - Employee becomes entitled to Medicare
 - Employee or eligible family member loses or gains coverage through FEHB or another medical plan (including an employee turning 26)

Am I eligible for federal retirement benefits?

Term law clerks only eligible for federal retirement benefits (CSRS/FERS/TSP) if they are transferring without a break in service from another covered federal position. If this is your first federal position or you were previously covered under FERS or CSRS and have a break in service of more than 3 days (including weekends) before starting your clerkship, you are ineligible for participation in the federal retirement program which also excludes you from making contributions to the Thrift Savings Plan. You will, however, receive Social Security credit for your clerkship.

New employees - Specific Benefits Information:

Federal Employee Health Benefits (FEHB)

- All term law clerks are eligible for Federal Employee Health Benefits.
- New employees have up to 60 days after hire to make FEHB elections. FEHB coverage is effective at the start of the pay period after which you submit your enrollment.
 - Enrollments may be submitted through the <u>Judiciary Benefits Center</u> after your new hire paperwork has been processed and you are active in the payroll system.
 - o Pay period start dates can be found here.
- You can choose from among Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums, Feefor-Service (FFS) plans and their Preferred Provider Organizations (PPO), or Health Maintenance Organizations (HMO) if you live (or sometimes if you work) within the area serviced by the plan.
- FEHB <u>plan brochures</u> show you what services and supplies are covered and the level of coverage for each plan. Review the brochures carefully and feel free to contact the HR department with any questions.

Supplemental Dental/Vision Coverage

- Federal Employee Dental and Vision Insurance Program (FEDVIP):
 - All term law clerks are eligible for coverage through the Federal Employee Dental and Vision Insurance Program (FEDVIP).
 - This program provides dental and/or vision insurance over and above your insurance plan.
 You do not have to be enrolled in FEHB to be eligible to sign up for a FEDVIP plan but you may have to give your health insurance information to ensure coordination of benefits.
 - New employees have up to 60 days after hire to make FEDVIP elections. FEDVIP coverage is
 effective at the start of the pay period after which you submit your enrollment.
 - Enrollments must be processed through <u>Benefeds.com</u> after your new hire paperwork has been processed and you are active in the payroll system.
 - Pay period start dates can be found below.
 - You may enroll in a plan for Self Only, Self plus one, or Self and Family coverage. Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

 FEDVIP rules and FEHB rules for family member eligibility are NOT the same. Changes in dependent eligibility under healthcare reform (Affordable Care Act) do not affect eligibility for children under FEDVIP.

• NCBC:

- All Federal Judiciary employees are eligible for supplemental dental (CIGNA Dental) and vision (Vision Service Plan) coverage through the National Conference of Bankruptcy Clerks.
- o For additional information, visit the NCBC Benefits page.

Health Care Flexible Spending Account (FSA)

Your Health Care Reimbursement Account (HCRA) or Health Care Flexible Spending Account (HCFSA) allows you to set aside tax-free contributions to pay for eligible medical, dental and vision expenses that are not covered under your health insurance such as copays, coinsurance, OTC medications (with a prescription) and products that alleviate or treat injuries or illness (i.e., band aids, joint supports, contact lens solution, etc). The expenses you submit for reimbursement may be for you or any of your covered dependents. In 2017, you may contribute a minimum of \$100, up to a maximum of \$2,600 per year. You will not be eligible for an HCFSA if you enrolled in a Consumer Driven Health Plan that includes a Health Care Reimbursement Account (HCRA) or Health Savings Account (HSA). Additional information about Health Care FSAs can be found in the Flexible Benefits Summary Plan on the home page of the <u>Judiciary Benefits Center</u>, which you can access prior to being on the Judiciary's payroll.

Dependent Care FSA

You may set up a Dependent Care Reimbursement Account (DCRA) by agreeing to contribute a portion of your salary before taxes are taken out and use it to pay for qualifying dependent care expenses. Your DCRA contributions may be used to pay for the care of your qualified dependents so you (and if you're married, your spouse) can work. The money in your account may also be used so that your spouse may attend school full-time while you work. The minimum contribution you may make to your DCRA is \$100 per year. If you are single, or married and filing a tax return jointly with your spouse, you may contribute up to \$5,000 each plan year. If you are married and filing a separate tax return, your annual contribution maximum is \$2,500. Additional information about Dependent Care FSAs can be found in the Flexible Benefits Summary Plan on the home page of the Judiciary Benefits Center, which you can access prior to being on the Judiciary's payroll.

Commuter FSA

If you commute to work and pay for parking, even infrequently, you are eligible to open a Parking Reimbursement Account. The biweekly amount you contribute to your Reimbursement Account will be deducted from your paycheck before federal income, state and local income (in most cases), and Social Security taxes are calculated and then be reimbursed for your parking expenses, via receipt submission, without taxation. Commuter FSA is considered an "anytime enrollment" and you may enroll in, stop or change the amount of your biweekly deduction at any time. Funds roll over from year to year and are available for use until the end of your term. Reimbursements for Qualified Parking Expenses will not exceed the monthly limit set forth in Internal Revenue Code Section 132(f), as adjusted for inflation—currently \$255/month in 2017. Enrollments and reimbursements are processed through the Judiciary Benefits Center. Additional information about Commuter Parking FSAs can be found in the Commuter Parking Benefit Program Summary Plan on the home page of the Judiciary Benefits Center, which you can access prior to being on the Judiciary's payroll. Note: Greenbelt employees who park at the court for free are ineligible for this program.

Life insurance - Federal Employees Group Life Insurance

- All incoming employees are automatically enrolled in FEGLI basic life insurance, but there is no requirement to keep this coverage. If you do not want to elect basic coverage, please complete an SF-2817 (found under the incoming employee link you received via email) to waive coverage.
 - Basic insurance covers your incoming rate of pay rounded up to the nearest thousand dollars plus \$2,000. There is a cost for this coverage that can be calculated here.
- Employees have the option to add up to three types of optional life insurance coverage:
 - o Option A –\$10,000 of additional life insurance
 - o Option B Additional 1 to 5 multiples of your salary
 - Option C Additional family coverage on your spouse and eligible dependent children
- Employees can reduce or cancel their coverage at any time but can only increase coverage with a
 Qualifying Life event (QLE) or during open season. FEGLI open seasons are very rare—the last two
 open seasons were 2004 and 2016.

Long-Term Care Insurance

- All term law clerks and their qualified relatives are eligible for coverage through the Federal Long Term Care Insurance Program (FLTCIP).
- The Federal Long Term Care Insurance Program (FLTCIP) provides long term care insurance to help pay for costs of care when enrollees need help with activities they perform every day, or you have a severe cognitive impairment.
- Premiums are based on the age when you apply. FLTCIP coverage is portable and can be kept after
 your clerkship as long as premiums are paid and you have not exhausted your maximum lifetime
 benefit.
- Additional information can be found on the LTCFEDS website.

Short and Long-Term Disability

- The federal government does not provide employees with short or long term disability insurance coverage. However, all term law clerks are eligible to purchase short and/or long term disability coverage through Federal First. Please note that this is **NOT** a federally-sponsored policy.
- This coverage ends when your employment/eligibility ends.

myRa – The Treasury Department's Answer for Employees who Aren't Eligible for Employer-Sponsored Retirement Savings Plans

- myRA (my Retirement Account) is a Roth IRA designed by the U.S. Department of Treasury as a savings account especially for individuals who are not eligible to make contributions under an employer-sponsored plan, like the Thrift Savings Plan (TSP).
- Although enrolled law clerks can contribute via biweekly payroll allotments, their contributions are not eligible for any federal match.
- If you have any questions concerning myRA, please visit the myRA website at myRA.treasury.gov.

Benefits for Transfers into the USDC - MD from other Courts or Federal Agencies

• If you are transferring into the Judiciary without a break in service, then you will continue with the same benefits that you had at your last court/agency. Changing courts/agencies is not considered a qualifying life event, but if you are moving outside of the service range of an HMO, you will be

permitted to change your provider within the first 60 days of employment with the USDC – MD. Please double check your benefits at least once during your first 60 days to ensure that they are still active and not scheduled for termination.

- If you are coming from an agency other than the Judiciary and have a flexible spending account with FSAFEDS or WageWorks, please use all of those funds before you terminate with your agency; your FSA account will **NOT** transfer over and you will forfeit all unused funds. If you are transferring without a break in service within the Judiciary, your FSA will transfer with you and no changes are permitted. If you are a transferring from another court and have broken service for less than 90 days, please call the Judiciary Benefits Center regarding your FSA, (888) 442-FLEX (3539).
- If you were covered by FERS in your previous position and are transferring without a break in service to a clerkship, please alert HR as you will be eligible to continue your retirement coverage and TSP contributions during your clerkship. If you break service for more than 3 days, you will not be able to continue your retirement or TSP contributions during your clerkship.

Benefits FAQs - Incoming employees:

My health insurance is effective already, but I don't see any payroll deductions.

You should expect to see your first health insurance payroll deduction on the second pay date after your enrollment becomes effective. For instance, if your insurance effective date is 8/7/2017, your first deduction would come out of your 8/25/2017 paycheck rather than the 8/11/2017 payroll since the 8/11/2017 pay reflects the pay period before your election became effective.

Health insurance enrollments using the SF-2809 paper enrollment form are processed locally, faxed to the Judiciary Benefits Center (JBC) for processing with the insurance provider and the election is transmitted to the Administrative Office (AO) for payroll processing. It is possible, especially during law clerk season, for there to be a slight backlog of paperwork filtering through the JBC and the AO that delays the start of your payroll deduction. If this occurs, the Payroll department will automatically take "make-up" deductions of up to \$70.00 per pay until your payments are caught up. *Note: Enrolling online through the JBC decreases both processing time and the probability of owing make-up deductions.*

Can I change my benefits?

After their initial election, term law clerks have two opportunities to change their insurance. You will have the option to make certain changes to your life, health, dental and/or vision coverage after experiencing a Qualifying Life Event (QLE) or during Open Seasons. The commuter parking FSA account (for Baltimore law clerks only) is considered "anytime enrollment" and can be changed at any time and as frequently as you like.

Qualifying life events can occur at any time throughout the year. The most common are:

- Adoption or birth
- Employee or covered child turns 26
- Marriage
- Separation and Divorce

Please see the Human Resources Department if you experience any of these changes throughout your term.

Open Season for health benefits starts on the second Monday of November and ends on the second Monday of December. During this time period, all employees can make changes to, cancel or make initial elections for their

health insurance, healthcare and dependent care flexible spending accounts, dental and/or vision coverages for the next calendar year. These changes will take effect in January.

Please note that Federal Employee Group Life Insurance (FEGLI) elections can be lowered or cancelled at any time during employment through the JBC. However elections can only be increased during the first 60 days of employment or open seasons. FYI, the most recent FEGLI open seasons were 2004 and 2016.

Do I have to make changes during open season?

You do not have to make changes during open season. If you are happy with your current elections, don't do anything at all.

Please note that healthcare and dependent care flexible spending accounts require re-enrollment every year. If you wish to use one of these accounts and are otherwise happy with your current insurance providers, you still have to request new FSA elections through the Judiciary Benefits Center. *FYI*, the Federal Judiciary does not use FSAFeds or WageWorks and our FSA program does not abide by the same rules.