Subpart D—Cost of Coverage

§894.401 How do I pay premiums?

(a) *Employees* pay premiums through payroll allotments.

(b) Annuitants and survivor annuitants pay premiums through annuity allotments.

(c) *Compensationers* pay premiums through allotments from *compensation* payments.

(d) In limited circumstances, individuals may make direct premium payments. See §894.405.

§ 894.402 Do the premiums I pay reflect the cost of providing benefits?

The premiums you pay shall reasonably and equitably reflect the cost of the benefits provided.

§894.403 Are FEDVIP premiums paid on a pre-tax basis?

(a) Your FEDVIP premiums are paid on a pre-tax basis (called premium conversion) if you are an active *employee*, your salary is sufficient to make the premium allotments, and your agency is able to make pre-tax allotments.

(b) Your FEDVIP premiums are *not* paid on a pre-tax basis if:

(1) You are an *employee* in nonpay status or an *employee* whose salary is not high enough to make premium allotments, or your agency is unable to make pre-tax allotments;

(2) You are an *annuitant*, a survivor *annuitant*, or a *compensationer*;

(3) Your enrollment change was made effective retroactively which resulted in additional premium withholdings, unless it is as a result of birth or adoption of a *child*.

(4) You have been approved to pay premiums directly to the Administrator.

§ 894.404 May I opt out of premium conversion?

No, all enrolled employees whose salary is sufficient to make premium allotments and whose agency is able to make pre-tax allotments must participate in premium conversion.

5 CFR Ch. I (1–1–11 Edition)

§894.405 What happens if I go into nonpay status or if my pay/annuity is insufficient to cover the allotments?

(a) If your pay, *annuity*, or *compensation* is too low to cover the premium allotments, or if you go into a nonpay status, contact the *Administrator* to arrange to pay your premiums directly to the Administrator.

(b) If you do not make the premium payments, your FEDVIP coverage will stop. You will not be able to reenroll until the next open season after:

(1) You are in pay status; or

(2) Your pay is sufficient to make the premium allotments.

Subpart E—Enrollment and Changing Enrollment

§894.501 When may I enroll?

You may enroll:

(a) During the annual open season;

(b) Within 60 *days* after you first become eligible as:

(1) A new *employee*;

(2) A previously ineligible *employee* who transfers to a covered position; or

(3) A new survivor *annuitant*, if not already covered under FEDVIP.

(c) Within 60 *days* of when you return to service following a break in service of at least 30 days; or

(d) From 31 days before you or an eligible family member loses other dental/vision coverage to 60 days after a QLE that allows you to enroll.

 $[73\ {\rm FR}\ 50184,\ {\rm Aug.}\ 26,\ 2008,\ {\rm as}\ {\rm amended}\ {\rm at}\ 75\ {\rm FR}\ 20514,\ {\rm Apr.}\ 20,\ 2010]$

§894.502 What are the Qualifying Life Events (QLEs) that allow me to enroll?

(a) You or an eligible *family member* lose other dental/vision coverage;

(b) Your annuity or *compensation* is restored after having been terminated; or

(c) You return to pay status after being on leave without pay due to deployment to active military duty.

§ 894.503 Are belated enrollments or changes allowed?

(a) The time limit for enrolling or changing your enrollment may be extended up to 3 months after the date you became newly eligible or had a