

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RAYMOND C. BEYER and U.S. POSTAL SERVICE,
POST OFFICE, Cedar Falls, Iowa

*Docket No. 97-638; Submitted on the Record;
Issued November 27, 1998*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
MICHAEL E. GROOM

The issue is whether the Office of Workers' Compensation Programs properly refused to reimburse appellant for health insurance premiums he paid pending approval of his claim by the Office.

By decision dated March 25, 1988, the Office determined that appellant was entitled to compensation for loss of wage-earning capacity for the period beginning January 1, 1979 and paid him compensation retroactive to that date. From this retroactive compensation payment the Office deducted premiums for health benefits under the Federal Employees' Health Benefits Programs for Code number 102, Blue Cross/Blue Shield that appellant had chosen on August 18, 1965. By letter dated April 1, 1988, appellant submitted statements from Blue Cross/Blue Shield of Iowa and from State Farm Insurance that he had paid a total of \$20,123.80 in health insurance premiums for the period from February 15, 1978 to February 16, 1988; appellant requested reimbursement of these payments. Appellant also submitted a statement showing that his enrollment under the Federal Employees' Health Benefits Programs had been terminated effective January 14, 1978 on the basis that he had been in a leave-without-pay status for one year. Appellant returned to work at the employing establishment on January 28, 1989. He retired effective November 30, 1989.

As evidenced by a June 3, 1988 Office memorandum, the Office reimbursed appellant for the \$12,212.55 it had deducted from his retroactive compensation payment for health benefit premiums under the Federal Employees' Health Benefits Programs for the period from January 1, 1979 to March 12, 1988. On February 27, 1989 the Office issued appellant an additional refund of health benefit premiums for this period and advised him that he was not entitled to reimbursement of the amount he paid for his nongovernment, private plan policy and that he was not entitled to receive a refund of the government share of his health benefits premiums that were paid to Blue Cross/Blue Shield during the period from January 1, 1979 to March 12, 1988.

By decision dated July 17, 1992, the Board found that the medical evidence was not sufficient to support the Office's retroactive determination of appellant's loss of wage-earning capacity.¹ Pursuant to this decision, the Office paid appellant compensation for total disability for the period from January 1, 1979 to January 27, 1989.

By letter dated November 17, 1992, appellant stated that he was told he was no longer eligible for health benefits when he was separated from the employing establishment in 1978 and contended that he was entitled to the difference between the amount he paid in health insurance premiums from 1979 to 1989 and the amount he would have paid if he had remained in the Federal Employees' Health Benefits Programs during this period. By decision dated October 28, 1994, the Office found that "there are no provisions in the Federal Employees' Compensation Act for reimbursement of health insurance costs incurred during a period in which benefits were denied, but subsequently reinstated." Following a hearing held on September 11, 1995, an Office hearing representative, in a decision dated January 16, 1996, found that "there is no provision in the Act which would allow for the payment for which [the] claimant alleges he is entitled."

The Board finds that the Office properly refused to reimburse appellant for health insurance premiums he paid pending approval of his claim by the Office.

The terms of the Act are specific as to the method and amount of payment of compensation; neither the Office nor the Board has the authority to enlarge the terms of the Act nor to make an award of benefits under any terms other than those specified in the statute. Unless a claimant's contentions are in keeping with the scope or intent of the Act, *i.e.*, unless the statute authorizes payment of the kind demanded by appellant, the Office's denial of such demands must be affirmed.² The Act provides for payment of compensation for disability in sections 8105 and 8106, for permanent impairment of scheduled members of the body in section 8107, and for medical services to treat injuries in the performance of duty in section 8103. There is no provision in the Act for reimbursement of health insurance premiums incurred during the pendency of a claim.

¹ Docket No. 92-81 (issued July 17, 1992).

² *Robert S. Winchester*, 45 ECAB 1325 (1993); *Fulton Gray*, 32 ECAB 1890 (1981); *Helen A. Pryor*, 32 ECAB 1313 (1981).

The decision of the Office of Workers' Compensation Programs dated January 16, 1996 is affirmed.³

Dated, Washington, D.C.
November 27, 1998

George E. Rivers
Member

David S. Gerson
Member

Michael E. Groom
Alternate Member

³ The Board notes that the Office of Personnel Management, rather than the Office, has jurisdiction over the matter of health insurance deductions from compensation, and over enrollment under the Federal Employees' Health Benefits Program. *John H. O'Brien*, 34 ECAB 931 (1983); *Mary A. Zamora*, 33 ECAB 1680 (1982).